

# **Title V Maternal and Child Health Services Block Grant**

## **Wyoming**

### **Excerpts from the FY 2019 Application and FY 2017 Annual Report**

**DRAFT NARRATIVE (revised June 25, 2019)**



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## Executive Summary

### Program Overview

The Wyoming Title V Program is organized within the Public Health Division (PHD) of the Wyoming Department of Health (WDH). Structurally, the Maternal and Child Health (MCH) Unit's programs are divided according to the population groups they serve: women (ages 15-44) and infants (ages 0-1), children (ages 2-11), youth and young adults (ages 12-24), and children and youth with special health care needs (CYSHCN). This structure aligns well with the Title V population domain framework and assures dedicated resources within each domain.

The Wyoming Title V Program receives approximately \$1,200,000 in federal Title V funding annually. This funding supports programming for an estimated population of 577,737 (2018 estimate, American FactFinder, U.S. Census) spanning 97,813 square miles.

The most recent five-year needs assessment resulted in the selection of seven MCH state priorities for 2016-2020. They include:

- Prevent infant mortality
- Improve breastfeeding duration
- Improve access to and promote use of effective family planning
- Reduce and prevent childhood obesity
- Promote preventive and quality care for children and adolescents
- Promote healthy and safe relationships in adolescents
- Prevent injury in children

The mission of Wyoming MCH is to improve the health and well-being of Wyoming families and communities by supporting and collaborating on public health activities that benefit the health of mothers, infants, children, youth, and young adults, including those with special health care needs. The MCH Unit assures access to community level care coordination services for families with children and youth with special health care needs, high risk infants, and high risk pregnant women through the Children's Special Health (CSH) Program. Doing so is particularly challenging in a rural/frontier state like Wyoming.

The MCH Unit leverages partnerships and both federal and non-federal funding to address Wyoming state priority needs. Although the MCH Unit receives a small Title V award, matching state and other funds, as well as the work and resources of our partners, increases our capacity to achieve outcomes related to state priority needs. The MCH Unit partners heavily with state and local-level Public Health Nursing (PHN) infrastructure to assure access to community level MCH services such as care coordination for CYSHCN and home visitation services for pregnant women, infants, and their families.

Through statutory requirement, the MCH Unit and PHN jointly receive Temporary Assistance for Needy Families (TANF) funding from a partner agency, the Wyoming

Department of Family Services, to support the implementation of home visiting and breastfeeding support activities. The MCH Unit also benefits from \$2,375,591 in state funds required to meet 1989 maintenance of effort. These state funds primarily support delivery of home visitation and CYSHCN care coordination services by PHN in all 23 Wyoming counties.

The MCH Unit currently receives and/or utilizes federal funding from the Rape Prevention Education (RPE) grant, Personal Responsibility Education Program (PREP), State Systems Development Initiative (SSDI), Preventive Health and Health Services Block Grant (PHHSBG), and Pregnancy Risk Assessment Monitoring System (PRAMS). The MCH Unit does not manage Wyoming’s Title X and Maternal Infant Early Childhood Home Visiting (MIECHV) grants; however, MCH staff partner closely with the grantees. In 2016, the Early Childhood Comprehensive Systems (ECCS) grant was awarded to a reduced number of states and Wyoming was not funded.

**Summary of Priority Needs and Related Activities by Population Domain**

<b>Women/Maternal Health Domain</b>		
<b>State Priority Need</b>	<b>NPM/SPM</b>	<b>Status of NPM/SPM</b>
Prevent infant mortality	NPM 14.1: Percent of women who smoke during pregnancy	In Calendar Year 2017, 14.4% of women smoked during pregnancy compared to 17.6% in 2012 (National Vital Statistics Services (VSS)).
Improve access to and promote use of effective family planning	SPM 6: Use of most/moderately effective contraception by postpartum women	No data available for FFY18 as SPM changed in FFY19.

The Women and Infant Health Program (WIHP) remains committed to the promotion of evidence-based smoking cessation strategies for pregnant and postpartum mothers. Through an MCH contract with all counties, MCH requires PHNs to ask about smoking status at every home visit, and provide appropriate cessation education and referrals to the Wyoming Quitline as appropriate. The WIHP is available to provide training on the evidence-based Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) program.

The WIHP, MCH Epidemiology Program, Wyoming Medicaid, and a provider champion participated in the Association of State and Territorial Health Officials (ASTHO) Learning Community on Increasing Access to Contraception from 2016 to 2018. This project helped identify primary barriers to implementation of long acting reversible contraception (LARC) in a hospital setting in Wyoming including hospital stocking,

Medicaid reimbursement for device outside of the bundle, and provider education/buy-in. Although many barriers must be addressed to reduce barriers to LARC use, the reimbursement challenges were greatest. In Federal Fiscal Year (FFY) 19 and FFY20, the WIHP will expand its focus to address reimbursement challenges for LARCs for women receiving services at Rural Health Clinics, Federally Qualified Health Centers, and hospitals with the goal of changing Medicaid policies.

In 2019, the MCH Unit partnered with the Utah Department of Health to apply for Centers for Disease Control and Prevention (CDC) funding to review Wyoming maternal deaths as part of the Utah Perinatal Mortality Review Program. This application addresses an emerging need and topic of interest identified by the Wyoming Perinatal Quality Collaborative (WYPQC).

Perinatal/Infant Health Domain		
Priority	NPM/SPM	Status of NPM/SPM
Prevent infant mortality	SPM 1: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) (VSS)	In 2017, 80.6% (50/62) of VLBW infants in Wyoming were born at facilities with the appropriate level of care compared to 68% in 2016 and 51.9% in 2015. The Healthy People (HP) 2020 goal is 83.7%.
Improve breastfeeding duration	NPM 4a: Percent of infants who are ever breastfed (National Immunization Survey (NIS))	In 2015, 90% of infants were ever breastfed compared to 88.3% in 2014.
	NPM 4b: Percent of infants breastfed exclusively through 6 months (NIS)	In 2015, 28.8% of infants were exclusively breastfed through 6 months compared to 27% in 2013 and 32% in 2014.

In FFY18, the WIHP officially launched the WYPQC. See **MCH Success Story** for additional details.

The Levels of Care Assessment Tool (LOCATe) continued to inform the work of the WIHP in 2017 and 2018. Assessment results revealed opportunities for quality improvement efforts with hospitals (e.g. implementation of patient safety bundles). In 2017 and 2018, six Wyoming hospitals participated in a Utah Project Extension for Community Healthcare Outcomes (ECHO) focused on maternal hypertension.

In 2018, the WIHP leveraged Title V and ASTHO funding to offer four mini-grants to hospitals participating in the Wyoming 5-Steps to Breastfeeding Success Program. All hospitals demonstrated improvement in breastfeeding practices from baseline.

<b>Child Health Domain</b>		
<b>Priority</b>	<b>NPM/SPM</b>	<b>Status of NPM/SPM</b>
Promote preventive and quality care for children	NPM 6: Percent of children (9-35 months) receiving a developmental screening using a parent-completed tool in the past year (National Survey of Children's Health (NSCH))	In 2016-17, 27% of children ages 9 to 35 months received a developmental screening using a parent-completed tool in the past year. Due to changes in the NSCH, data are not comparable between 2016-17 and 2012.
Prevent injury in children	SPM 2: Rate of hospitalization for (non-fatal) injury per 100,000 children (1-11 yrs) (Wyoming Hospital Discharge Data)	In 2016, the non-fatal injury hospitalization rate for children was 32.3 per 100,000 children ages 1-11 years. Due to the change from ICD-9 to ICD-10 coding, data from the previous year are not comparable.
Reduce and prevent obesity in children	SPM 5 (formerly NPM 8): Percent of children (6-11 years) who are physically active at least 60 minutes per day (NSCH)	In 2016, 29.3% of Wyoming children aged 6-11 were physically active everyday for 60 minutes or more. Due to changes in the NSCH, data are not comparable between 2016 and 2012.

In FFY18, the Child Health Program (CHP) continued implementation of two strategies to increase developmental screenings: implementation of the Help Me Grow (HMG) model and Ages and Stages Questionnaire (ASQ) training and resource distribution. In partnership with key stakeholders and funders, the CHP evaluated the progress of the HMG pilot project and decided to end the program as of June 30, 2019 and shift resources towards building an effective early childhood system in preparation for the 2021-2025 MCH Needs Assessment and new priority selection. The CHP will work closely with early childhood system partners, in particular the Wyoming Maternal, Infant,

and Early Childhood Home Visiting (MIECHV) program grantee, Parents as Teachers National Center (PATNC), to identify needs and gaps within the early childhood system.

The CHP worked closely with the Wyoming Chronic Disease Prevention Program (CDPP) to fund training and certification of forty-five (45) University of Wyoming Extension Office nutrition educators as child obesity prevention educators. In addition, the CHP will continue a partnership with the Head Start State Collaboration Office to develop and release a Wyoming Healthy Policies Toolkit for early care providers.

<b>Adolescent Health Domain</b>		
<b>Priority</b>	<b>NPM/SPM</b>	<b>Status of NPM/SPM</b>
Promote preventive and quality care in adolescents	NPM 10: Percent of adolescents with a preventive services visit in the last year (NSCH)	In 2016-17, 78.2% of adolescents, ages 12 through 17, had a preventive medical visit in the past year. Due to changes in the NSCH, data are not comparable between 2016-17 and 2012.
Promote healthy and safe relationships in adolescents	SPM 4: Percent of teens reporting 0 occasions of alcohol use in the past 30 days (Wyoming Prevention Needs Assessment (PNA))	In 2018, 66.3% of Wyoming High School students reported zero occasions of alcohol use in the past 30 days compared to 68.4% in 2016.

The Youth and Young Adult Health Program (YAYAHP), in partnership with the PREP Program, continues to provide training on Making Proud Choices and Reducing the Risk curricula to promote healthy and safe relationships in adolescents through youth-serving organization programming.

During FFY18 and FFY19, four pilot clinics participated in the University of Michigan's Adolescent Centered Environment Assessment Process (ACE-AP) as a strategy to improve the quality of the adolescent clinical environment. The clinics received mini-grants from the Adolescent and Young Adult Health Collaborative Improvement and Innovation Network (AYAH ColIN) budget to support practice/clinic environment improvements and technical assistance from the University of Michigan to identify and respond to opportunities to improve adolescent well visits. Four new clinics will begin work with University of Michigan in FFY20.

Children with Special Health Care Needs (CSHCN) Domain		
Priority	NPM/SPM	Status of NPM/SPM
Promote preventive and quality care in children and adolescents	SPM 7 (formerly NPM 11): Percent of children with and without special health care needs having a medical home (NSCH)	In 2016-17, 43.8% of children (ages 0-17) with special health care needs had a medical home. In 2016-17, 50.8% of children (ages 0-17) <b>without</b> special health care needs had a medical home.
Promote preventive and quality care in children and adolescents	NPM 12: percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care (National Survey of Children with Special Health Care Needs (NS-CSHCN))	In 2016-17, 16.5% of adolescents with and without special health care needs received services necessary to make transitions to adult health care compared to 17.9% in 2016.

The MCH Unit continued implementation of the Wyoming Parent Partner Program (PPP) as a strategy to increase access to medical home. In FFY18, the PPP served 189 unique families and 233 unique children. Parent Partners serve clinics in Cheyenne, Casper, Riverton, and the F.E. Warren Air Force Base (Cheyenne, Wyoming).

In FFY18, the YAYAHP and CSH program staff presented a comprehensive training on transition for PHNs and Tribal MCH Nurses. As a result of their work, all CSH clients ages 14 and up and their parents will complete a transition readiness assessment tool annually and will receive customized evidence-based teaching on how to prepare for transition to adult health care services.

In FFY18, the Newborn Screening and Genetics, CSH Program, PHN, Rural and Frontier Health Unit, and MCH Epidemiology Program partnered to implement and evaluate a telegenetics pilot to address a gap in speciality genetics services in Wyoming. As of December 31, 2018, the Wyoming Genetics Clinics Program enrolled 69 clients with services provided to 63 individuals. Of these, 24 patients had a telehealth visit. Those receiving telehealth services (n=24) felt that telegenetics made it easier for them or their child to receive services and that telemedicine was more convenient than traveling. All were satisfied with the quality of services received and

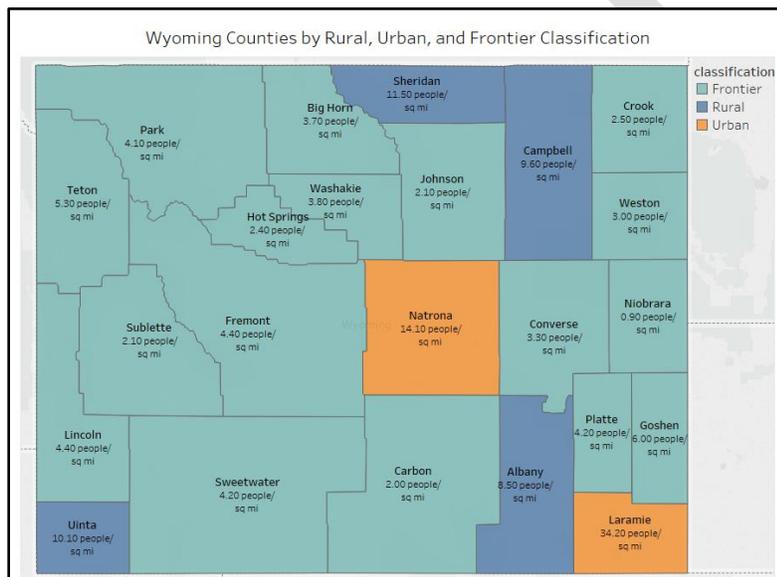
said their questions were answered. It was the first time that most families had used telemedicine.

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## Overview of the State

Geographically, Wyoming is the tenth largest state in the United States (U.S.) spanning 97,813 square miles. There are 23 counties ranging from the Great Plains to the Rocky Mountains. The Wind River Indian Reservation (WRIR), located toward the center of the state, is home to two federally recognized tribes, the Eastern Shoshone and Northern Arapaho.

Wyoming is the least populous state in the U.S. with an estimated population of 577,737 (2018 estimate, American FactFinder, U.S. Census) representing a slight decline from the 2017 estimate of 578,934. The population is predominantly White alone (92.8%). The remaining population is Black or African American alone (1.3%), American Indian and Alaska Native alone (2.7%), Asian alone (1.0%), Native Hawaiian and Other Pacific Islander alone (0.1%), Two or More Races (2.1%), and Hispanic or Latino (10.0%) (2018, U.S. Census QuickFacts). In 2017, of the population aged 5 years and older, 92.7% speak only English at home and 7.3% speak a language other than English.



Almost one quarter of the population is under 18 years of age. Nearly 93% of persons over 24 years of age have a high school education or higher. Over one quarter of this group (26.7%) have at least a Bachelor's degree. The median household income is \$60,938. Persons in poverty are estimated to be 11.3% of the population (U.S. Census Quick Facts, Wyoming; 2013-2017).

Wyoming is a rural/frontier state. Two counties, Laramie and Natrona, each have a town with over 60,000 people and are considered urban. Seventeen of the remaining 21 counties are considered frontier with less than 6 persons per square mile. These 17 counties are home to 46% of the population (Wyoming Economic Analysis Division, Estimates of Wyoming and County Population: April 1, 2010 to July 1, 2018).

In the recent past, the economy in the state suffered from the weak demand for oil, warmer weather, and increases in domestic supply for natural gas. However, the most recent unemployment rate (2018, Q4) is 4.1 percent; just slightly higher than the U.S. level of 3.8 percent. Wyoming experienced an overall growth in employment by 1 percent (representing about 2,800 jobs) between the fourth quarter of 2017 and 2018. (Economic Analysis Division, Wyoming).

According to America’s Health Rankings (2018), Wyoming’s strengths include low levels of air pollution and a low proportion of children in poverty. Challenges include a high percentage of uninsured and low rates of primary care physicians.

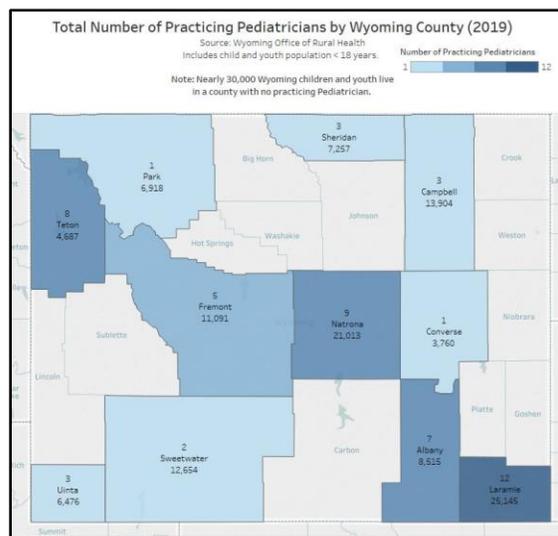
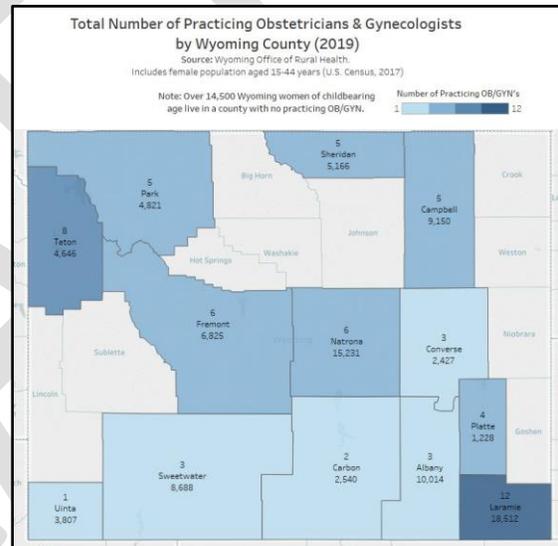
The top two leading causes of death for children between ages 1-24 years in Wyoming are unintentional injury (n=33) and suicide (n=27). Homicide is the third leading cause of death with totals suppressed due to small numbers (Web-based Injury Statistics Query and Reporting System (WISQARS), Centers for Disease Control and Prevention (CDC)).

The American Fact Finder (2017, U.S. Census) reports that the percent of Wyoming residents with no health insurance coverage was 12.3%; higher than the U.S. (8.7%) in the same year and ranked as 7<sup>th</sup> highest in the nation. In Wyoming, among children and youth aged 18 or younger, 9.5% had no health insurance as compared to 5.0% nationally. Wyoming has not expanded Medicaid.

According to the Health Resources and Services Administration’s Designated Health Provider Shortage Areas (HPSA) Quarterly Summary Report, Wyoming had a total of 44 Primary Care Health Provider Shortage Area (HPSA) Designations, with 187,903 residents residing in primary care shortage areas. There were 28 Dental HPSA designations in the state with a total of about 49,650 Wyoming residents residing in these areas. Finally, the state had 24 Mental Health designations with nearly 70% (561,187) of residents living in a mental health shortage area.

There are currently 63 physicians practicing Obstetrics and Gynecology (OB/GYN) in Wyoming and 54 practicing Pediatricians. Ten counties have no OB/GYN and 12 counties have no Pediatrician.

Over 14,500 Wyoming women of childbearing age (15-44 years) live in a county with no practicing OB/GYN and approximately 30,000 Wyoming children and youth (<18 years of age) live in a county with no practicing Pediatrician.



There are 179 family practice physicians in the state. Twenty-nine individuals practice in Natrona County, 28 in Laramie County, 15 in Park County, and 12 in Fremont County. Nine counties have fewer than 5 family practice physicians.

Results from the CDC-developed Levels of Care Assessment Tool (LOCATe) reported that Wyoming lacks Level III facilities for both neonatal and maternal levels of care. This requires families to travel long distances for health care, miss work, and coordinate care for children left at home.

## **Health Equity in Wyoming**

The definition used for health equity by Healthy People 2020 is the “*attainment of the highest level of health for all people*”. Health equity removes barriers such as poverty and discrimination. It equalizes opportunities for good jobs, a quality education, safe neighborhoods, and access to health care.

Due to the unique nature of the state, a number of barriers to measuring health equity exist. Small population numbers (particularly for minorities) at the state and county level make stratification by geographic region, race, and ethnicity challenging. Wyoming continually monitors maternal and child health (MCH) outcomes for minority populations (primarily for American Indian/Alaskan Native and Hispanic/Latino) through the calculation of rolling rates and data aggregation. Too often, even with multiple years, numbers are too small to report.

As stated in the 2019 Robert Wood Johnson County Health Rankings & Roadmaps, Wyoming fares well compared to the nation for children in poverty (13% versus 18%) but the proportion of children in poverty varies widely by county, with rates ranging from 7% (Teton) to 22% (Fremont). When race and ethnicity are examined, child poverty rates range from 13% to 32%.

Wyoming’s overall high school graduation rates have risen steadily over the past five years. Since the 2013-2014 school year, high school graduation rates have increased from 78.6% (2013-2014) to 81.7% (2017-2018). However, gaps continue to exist by racial and ethnic categories. While 83.7% of White youth graduated from high school in the 2017-2018 school year, only 75.4% of Hispanic youth and 58.8% of American Indian youth graduated during the school year (Wyoming State 4-Year Graduation Rates, 2017-2018). Educators report that the four-year graduation rate for Native American youth increased substantially from the previous period but recognized that more work needs to be done.

## **Agency Organizational Structure and Role**

The Maternal and Child Health (MCH) Services Title V Block Grant is managed by the MCH Unit within the Community Health Section (CHS) and Public Health Division (PHD)

of the WDH. The mission of the WDH is to promote, protect, and enhance the health of all Wyoming residents. The 2014-2018 WDH priorities include:

- Implement Medicaid reform, including improving health outcomes while containing cost and redesigning waivers to increase access;
- Redesign the mental health and substance abuse systems to improve outcomes;
- Focus on Wyoming's significant public health problems (e.g. suicide and tobacco and alcohol use) to improve overall health outcomes;
- Maintain Wyoming's emergency response capability;
- Strengthen Wyoming's rural health care infrastructure to ensure access to appropriate, cost-effective, quality care;
- Enhance the continuum of long-term care options for the elderly to support healthy aging in the most appropriate setting; and
- Support the health of Wyoming children.

The PHD is working toward public health accreditation and has set several strategic priorities to address the division's mission to promote, protect and improve health and prevent disease and injury in Wyoming:

- Promote understanding of the relevance and value of public health;
- Foster programmatic excellence;
- Support the integration of public health and health care;
- Foster a competent, flexible workforce; and
- Build a sustainable, cohesive organization.

Several work groups continue to address each of these PHD strategic priorities. For example, the workgroup working to foster a competent, flexible workforce facilitates completion of an assessment of the Core Competencies for Public Health Professionals by all staff. This valuable tool helps staff identify opportunities for professional development related to public health practice.

As part of the accreditation process, WDH completed the required state health assessment (SHA) and is working on the state health improvement plan (SHIP). A member of the MCH Epidemiology staff is on the leadership team for the assessment. To view the results from the recently completed SHA, visit: <https://health.wyo.gov/publichealth/sha/>.

The MCH Unit provides leadership for state and local level efforts that improve the health of the maternal and child health population. In 2016, the MCH Unit updated its vision and mission and developed core values. The core values were last updated in 2018 ahead of the current needs assessment planning process.

**MCH Vision:** Wyoming MCH envisions a Wyoming where all families and communities are healthy and thriving.

**MCH Mission:** The mission of Wyoming MCH is to improve the health and well-being of Wyoming families and communities by supporting and collaborating on public health activities that benefit the health of mothers, infants, children, youth, and young adults, including those with special health care needs.

MCH Core Values (updated December 2018):

- **Data-driven:** Utilize data, evidence, and continuous quality improvement
- **Engagement:** Cultivate authentic collaboration and trust with families and community partners
- **Health Equity and Life Course Perspective:** Integrate an understanding of how differences in social, economic, cultural, and environmental factors across generations and throughout the lifespan impact health
- **Systems-Level Approach:** Prioritize work that addresses community structures, social norms, environment, and policies to maximize impact

The 2015 MCH Needs Assessment resulted in the selection of seven priorities for 2016-2020:

- Prevent infant mortality
- Improve breastfeeding duration
- Improve access to and promote the use of effective family planning
- Reduce and prevent childhood obesity
- Promote preventive and quality care for children and adolescents
- Promote healthy and safe relationships in adolescents
- Prevent injury in children

Medicaid expansion in Wyoming was not approved by the state legislature. Wyoming has only one insurer, Blue Cross Blue Shield (BCBS), participating in the Federal Health Insurance Marketplace.

The MCH Unit's CSH program offers care coordination and limited gap-filling financial assistance as the payer of last resort for enrolled clients who meet medical and financial eligibility criteria. In order to be eligible for assistance, families must first apply for Medicaid, Kid Care CHIP (Children's Health Insurance Program) and the Federal Marketplace. The program provides reimbursement to eligible providers for covered services provided to eligible clients.

### **State statutes relating to MCH**

Three state statutes impact the work of MCH. The Newborn Screening (NBS) statute, Wyoming Statute (Wyo. Stat). § 35-4-801 and 802, mandates newborn screening be available to all newborns and that WDH provide necessary education on newborn screening to hospitals, providers, and families. WDH bills the hospitals/providers per initial screen. These funds are then used to contract with the Colorado Department of Public Health and Environment (CDPHE) Laboratory Services Division for analysis and communication of results to the provider and Wyoming NBS Program. Additionally, funds are used for contracts with a courier to transport the blood spots to CDPHE. In

2019, current contracts with specialists to provide follow-up for abnormal screens will expire and follow-up services will be added to a contract with CDPHE.

The second statute, Wyo. Stat. § 35-27-101, 102, 103, 104, Public Health Nurses (PHN) Infant Home Visitation Services, was passed in 2000. The statute directs PHN to contact eligible women to offer home visitation services as part of the Healthy Baby Home Visitation (HBHV) Program, a program consisting of two models. The initial intent of the legislation was to implement Nurse Family Partnership (NFP), an evidence-based home visiting model, in all 23 counties using Temporary Assistance to Needy Families (TANF) funds. Due to fidelity requirements and a small birth cohort in some communities, NFP was provided in thirteen counties until State Fiscal Year (SFY) 2017 during which 11 counties implemented NFP. During 2016, PHN, MCH and MCH Epidemiology completed a process evaluation of NFP to determine which counties have the birth cohort and capacity to deliver the model with fidelity. As of July 1, 2019, four counties (Albany, Carbon, Natrona, and Sweetwater) deliver NFP. All 23 counties deliver the program's second model, Best Beginnings (BB), a home-grown home visiting model based on the research-informed Partners for a Healthy Baby curriculum developed at Florida State University.

The third statute, Wyo. Stat. § 42-5-101, Family Planning and Birth Control, grants WDH with the ability to provide gap-filling contraceptives. The geography of the state, combined with the small population, poses challenges for assuring reproductive health services are available in all counties. During the 2017 Wyoming legislative session, restrictions for spending state general funds on contraceptives were added to the budget through a footnote. MCH supported gap-filling contraceptive purchases for counties with little to no Title X services in State Fiscal Year (SFY) 2016 and through SFY 2017 but discontinued support in SFY 2018 in order to reevaluate the best strategies for increasing access to the wide range of contraceptive options. MCH will continue to partner closely with Wyoming's Title X grantee, Wyoming Health Council (WHC), to improve access to family planning services. *See Women/Maternal Health Domain Annual Report for more information about current family planning activities.*

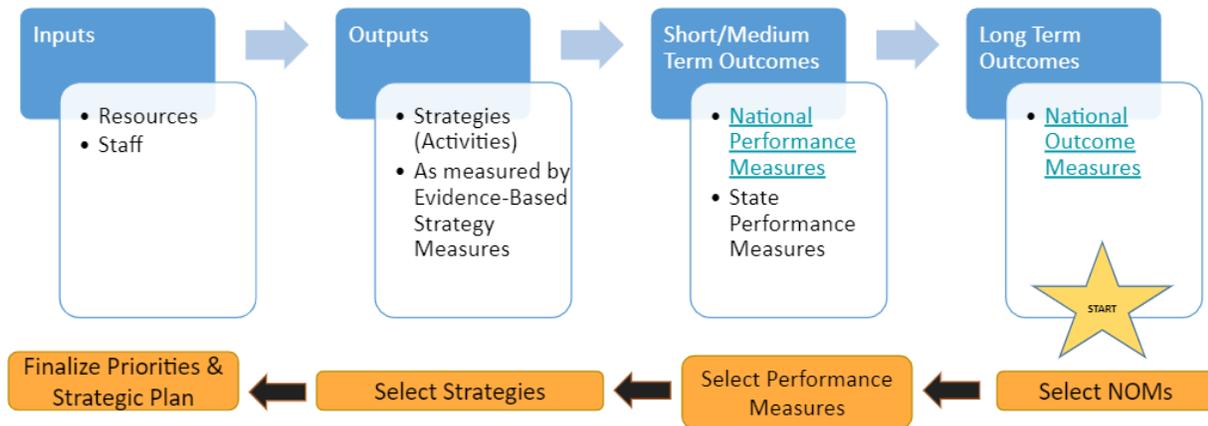
## Needs Assessment Summary Update

### *Ongoing Needs Assessment Activities*

Planning for the 2021-2025 Maternal and Child Health (MCH) Needs Assessment began in 2018 with the development of a project charter defining project team member roles, resources, core values, framework, stakeholders, scope, goals, and deliverables. Please see current project charter in Appendix XX. A team of MCH staff volunteers revised the MCH Unit core values in December 2018 to build a foundation for future decision-making. The MCH Needs Assessment Core Planning Team meets at least once monthly to continually refine the project plan and discuss ongoing activities. The first MCH Needs Assessment Steering Committee meeting occurred in May 2019. The project charter was approved during this meeting. In June 2019, the MCH Unit hosted a needs assessment launch webinar. A recording of this webinar will be saved on the MCH Unit's website.

Based on a recommendation from the MCH Epidemiology Program, the Core Planning Team agreed to begin the needs assessment process by analyzing and describing the Title V National Outcome Measures (NOMs) including showing national comparison and trends. The MCH Epidemiology Program used Tableau data visualization software to describe NOM data. In May 2019, MCH Epidemiology staff presented each NOM followed by questions/dialogue. After presentations and discussion, MCH program staff independently rated the NOMs based on magnitude/burden, MCH leadership, internal capacity/feasibility, and political leverage. A fourth criterion was scored by MCH Epidemiology staff based on whether the NOM topic came up in recent community meetings held as part of Wyoming's State Health Assessment process. After scoring, NOMs were divided into their respective MCH domains and then ranked based on their score within the domains. The top two quartiles in each domain were selected. This initial scoring exercise narrowed the list of NOMs to 15 (from 37).

During Summer 2019, MCH Program Staff will work closely with stakeholders working on NOM topics to conduct a capacity and partnership assessment for each NOM (and corresponding National Performance Measures) as well as a SWOT analysis of all current NPMs (for 2016-2020). Simultaneously, MCH Epidemiology staff will conduct an epidemiologic analysis of remaining NOMs to identify root causes, disparities, etc. In Fall 2019, the MCH Needs Assessment Advisory Group will meet to review programmatic and epidemiologic recommendations and select final NOMs and corresponding NPMs for strategic planning. The image below shows the process of selecting priorities beginning with selecting NOMs and moving backwards along a logic model continuum.



The MCH Unit hopes to establish partnerships to coordinate various required needs assessments across the State where possible. A stakeholder survey released in early 2019 asked about parent/family engagement requirements as well as needs assessment requirements. Forty-seven percent of respondents (n=24) responded that their organization had needs assessment requirements. The MCH Unit helped establish a crosswalk of needs assessment requirements including but not limited to Title V, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Mental Health and Substance Abuse Block Grant, State Primary Care Office, Child Abuse Prevention and Treatment Act (CAPTA), Head Start community-wide needs assessments, State Health Assessment, hospital community health needs assessments, etc.

To assure high-quality implementation of strategies within the current cycle (2016-2020), MCH program managers are expected to review action plans at least quarterly to review progress and identify and respond to challenges. MCH program managers present to PHD leadership at least annually on these action plans. All efforts are made to streamline reporting requirements for WDH and Title V.

MCH Epidemiology continually conducts surveillance to monitor trends and identify emerging MCH issues with support from SSDI funding. Data from Wyoming Vital Statistics Services (VSS) (birth and mortality), Hospital Discharge, Pregnancy Risk Assessment Monitoring System (PRAMS), Behavioral Risk Factor Surveillance System (BRFSS), National Survey of Children's Health (NSCH), and Prevention Needs Assessment (PNA) are reviewed annually upon release, and more in depth on an ad hoc basis. The MCH Epidemiology Program is working to develop a more systematic review of these data sources using Tableau data visualization software. A dashboard to display the NOMs was completed and is being utilized in the selection of priorities for the 2020-2025 Title V Needs Assessment, as well as to monitor current priorities. MCH Epidemiology works closely with Wyoming VSS to identify areas where data quality could be improved.

The release of new Title V guidance in December 2017 presented an opportunity for MCH leadership to review current National Performance Measures (NPM) for fit considering staff capacity, the role of MCH, current activities, current partnerships, and

current progress. The team decided to discontinue NPM 2 (low-risk Cesarean delivery), transition NPM 11 (medical home) to a SPM to address the 'Promote Preventive and Quality Care for Children and Adolescents,' and transition NPM 8 (physical activity) to a State Performance Measure to address the 'Reduce and Prevent Childhood Obesity' state priority need.

### *MCH Population Needs*

#### **Women's/Maternal**

PRAMS data indicate a continued reduction in maternal smoking. In 2017, 10% of new mothers reported smoking during the last three months of pregnancy as compared to 15.9% in 2012. This difference is not statistically significant. Despite the reduction in smoking during pregnancy, Wyoming's rates of maternal smoking are persistently higher than the U.S. rate. Disparities in maternal smoking exist by maternal race, education, and income.

Preconception health of Wyoming women is of concern for Wyoming women and their infants. Data from the BRFSS (2016) indicate that less than half (46.0%) of women of reproductive age (18-44 years) had a healthy Body Mass Index (BMI). Data from PRAMS indicate that hypertensive disorders are also of concern for Wyoming mothers. PRAMS data (2016-2017) revealed that 5.9% of respondents were diagnosed with high blood pressure or hypertension *before* their most recent pregnancy. When hypertension *during* pregnancy was examined, 11.2% of Wyoming women reported this condition. Several PRAMS respondents commented on the barriers to high-risk maternal care in their community.

In 2015, Wyoming's severe maternal morbidity rate (108/10,000 delivery hospitalizations) was lower than the U.S. rate (144/10,000 delivery hospitalizations). Comparisons since the implementation of ICD10 are not possible. The most common severe maternal morbidity is transfusion, followed by eclampsia.

#### *Emerging Issue - Maternal Mortality*

Due to small numbers it is difficult to monitor trends in Wyoming's maternal mortality rate; however aggregated data suggests that the Wyoming maternal mortality rate from 2013-2017 is similar to the national rate. The MCH Epidemiology Assignee is working to evaluate the pregnancy checkbox on the death certificate and participating with a CDC workgroup for maternal mortality case finding. These activities will lead to improved surveillance of maternal mortality in Wyoming.

Wyoming PRAMS data are used to track changes in the use of contraception after delivery. In 2017, 43.2% of Wyoming women reported that they use the most effective contraceptive method, which include both permanent methods such as vasectomy or tubal ligation, and highly effective reversible methods such as implants or intrauterine devices. The proportion of women who report using the most effective method increased over 2016 levels (34.6%), although the difference was not statistically significant. Another quarter (26.5%) reported the use of moderately effective birth

control including birth control pills, injectables, and the patch, ring, or diaphragm.

The use of long acting reversible contraception (LARC) in 2017 was 21.9%. This total was not statistically different than use reported in 2016 (15.8%).

### *Emerging Issue - Maternal Mental Health and Substance Abuse*

As with other states, opioid use in pregnant women and neonatal abstinence syndrome (NAS) are an emerging concern in Wyoming. Although NAS rates have been increasing, the NAS rates and numbers are relatively low, especially compared to U.S. rates and rates in states ravaged by the opioid epidemic. Postpartum depression is similar to the U.S. at 12.7% of new moms reporting postpartum depression in 2017 (PRAMS data). Suicide and drug overdoses are a leading cause of maternal mortality in Wyoming.

### **Perinatal/Infant**

Infant mortality in Wyoming was 4.9 deaths per 1,000 live births during the period of 2014 - 2018, slightly lower than the US rate. Despite the overall lower rate, disparities by maternal educational attainment and race persist. Neonatal mortality (death within the first 28 days of life) accounted for 63% of Wyoming infant deaths in 2017. As noted above, preconception health is one contributing factor to infant mortality in Wyoming. Wyoming infant mortality data indicate an increase in the rate of sleep related sudden unexpected infant (SUID) death in 2016-2017. PRAMS data from 2017 indicate that 77% of infants always or often sleep alone in a crib and 86% of infants are put to sleep on their backs.

Wyoming's 2017 preterm birth (<37 weeks) and low birth weight (LBW) rates have not significantly changed since 2009, and in 2017 were 8.9% and 8.7%, respectfully Both are similar to the national rate. LBW rates are highest among women over 35 years old, in non-metro areas, and who are uninsured. Preterm rates are highest among women with less than a high school education, over 35 years old, and who are Native American.

### **Child**

Unintentional injury remains the leading cause of death for children 1-11 years in Wyoming and rates are significantly higher than the US rates. Because of Wyoming's small population and small number of childhood deaths, data on childhood injury outside of fatalities is vital to informing programmatic efforts. We rely on state hospitalization and outpatient discharge data for non-fatal injury information. Issues related to Wyoming's rural and frontier nature have lead to challenges collecting accurate and consistent non-fatal injury data. In addition, the switch from ICD-9-CM to ICD-10-CM in Wyoming hospitals lead to difficulty in classifying injury hospitalizations. MCH Epidemiology is working with a subcontractor to survey hospitals to understand, how the change from ICD-9-CM to ICD-10-CM impacts surveillance efforts, and to work to improve data quality for injury surveillance efforts.

Twenty seven percent of Wyoming children (6-11 years) were active for 60 minutes every day, similar to the US rate (NSCH, 2016-2017). Due to small numbers, Wyoming

was unable to observe any disparities in physical activity based on sex, special health care needs, race, ethnicity, or income.

Only 31.7% of Wyoming parents reported that they completed a developmental screen for their child (9-35 months old) in the last year (NSCH, 2016/2017). This low screening rate and the rate of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening in Wyoming (41.4% of 1-14 years old eligible in FY18 received a screen) are concerning.

### **Adolescent**

As seen nationally, the Wyoming teen birth rate continues to steadily decline. However, the Wyoming teen birth rate (24.6 births per 1,000 women aged 15-19, 2017) remains higher than the national rate (18.8 births per 1,000). In addition to an overall decline in Wyoming teen birth rates, racial disparities in Wyoming teen birth rates have also decreased. In 2007, Native American and Hispanic teen birth rates were three and two times higher compared with the White rate. In 2017, the Native American birth rate (44.2 births per 1,000) was just over twice as high as the White rate (19.8 births per 1,000) while the Hispanic rate has declined to 31.5 births per 1,000.

The Wyoming adolescent suicide rate of 31.1 deaths per 100,000 during 2015 - 2017 (15-19 years old) is more than two times the national rate (10.5 per 100,000) and has increased slightly since 2012. Additionally, Wyoming has a high rate of motor vehicle crash fatalities among teens. Other risky behaviors among teens have remained fairly constant over the last eight years, including reports of bullying (70% reported no bullying in 2016, 68% in 2018) and marijuana use; in both 2014 and 2016 about 78% of youth report zero occasions of lifetime use, in 2018 77.5% reported zero occasions of lifetime use. We have seen an increase in teens that have never used cigarettes; up from 73% in 2012 to 79% in 2018 (Wyoming PNA).

The last available year for Wyoming Youth Risk Behavior Surveillance System (YRBSS) in Wyoming is 2015 as the state has not applied for the grant. As a result infrastructure and capacity for data surveillance among the adolescent population remains low. Wyoming has worked to identify data sources and systems that will fill the gaps in monitoring the health and wellness of the adolescent population left after the loss of this data source.

### **Children with Special Health Care Needs**

Wyoming Children with Special Health Care Needs (CSHCN) continue to experience disparities in overall health and access to necessary services. Based on data from the NSCH, only 17.9% of Wyoming adolescents with special health care needs received the necessary services to transition to adult health care, which is similar to the National number of 17%. Less than 12% of Wyoming CSHCN received care in a well functioning system compared to 14.8% of all CSHCN in the US.

### **Crosscutting**

## Insurance Coverage

The Wyoming legislature has chosen not to expand Medicaid; many families are uninsured as a result. Wyoming's premiums are the highest in the nation according to an Urban Institute report from the Robert Wood Johnson Foundation on Premium increases. Some premiums in Wyoming increased by more than 70% between 2017 and 2018. According to the Federally Available Data Set (FAD), 2017 American Community Survey data reports that 9.9% of Wyoming children are uninsured, as compared to 4.8% of U.S. children. Proportions are higher for children with a reported disability (defined as activity limitations) at 11.2%; for those who do not speak English (18.5%); and for children who are non-Hispanic American Indian/Alaskan Native (32.5%).

## ***Title V Program Capacity Updates***

In FFY18, the MCH Unit filled 3 vacancies including two program managers (Child Health and Youth and Young Adult Health) and an administrative assistant. As of June 15, 2019, the MCH Unit has two additional vacancies. A new Women and Infant Health Program Manager (WIHPM) will start August 1st and MCH leadership is in the process of redesigning the MCH administrative assistant position to provide additional Title V grant coordination support. The goal is to hire the administrative assistant position by end of Summer.

Twelve full-time staff work on behalf of the Wyoming Title V program. This includes nine MCH Unit staff, three MCH Epidemiology staff and one CDC-assigned MCH Epidemiologist. All staff work at the state office in Cheyenne, Wyoming. Two MCH nurses employed by WDH PHN support implementation of the Healthy Baby Home Visitation and provide orientation/training to all new MCH PHNs in local offices.

During Summer 2018, two Master of Public Health students joined the MCH Unit as part of the MCH Workforce Development Center Title V MCH Summer Internship Program.

In FFY18, the MCH Unit welcomed its first student intern from the University of Wyoming School of Social Work. Interviews are underway to select another masters-level social work student to join the MCH Unit beginning Fall 2019. Placement of interns within the MCH Unit is a result of a close partnership between the MCH Unit Manager and Rural and Frontier Health Unit (RFHU) Manager. In FFY18/19, the MCH Unit Manager provided dual supervision to a social work student intern. The MCH Unit Manager will register as an official internship supervisor for the upcoming school year.

In early 2019, the MCH Unit submitted an application for a Public Health Associate Program (PHAP) assignee and is awaiting the result of that application.

Currently, MCH does not have a family/parent representative on staff. However, the Youth and Young Adult Health Program Manager (YAYAHPM) is in the process of executing a contract to develop a statewide Youth Council.

## ***Title V Partnerships and Collaborations Updates***

With a vision that all Wyoming families and communities are healthy and thriving, the MCH team recognizes that support of partners throughout the state is what makes our programs and initiatives possible. In an effort to better support MCH collaborations, the Wyoming MCH Unit Partnership Survey was created in early 2018. Through this survey, staff hoped to learn how to improve partnership activities like communication, and understand our current level of stakeholder partnership. The survey instrument was created collaboratively by MCH Epidemiology and MCH Unit leadership with input from public health professionals, representing perinatal, child, adolescent, and children with special health care needs programs. After compiling an email listing of over 100 program partners representing state and tribal public health, hospitals and private providers, non-profits and professional associations, the Collaboration Survey was launched in late February 2018. When the survey closed, 66 individuals completed the survey, representing a 63% response rate. Of this total, about one-third (35%) were WDH employees (internal partners) with the remainder (65%) representing external partnerships. A summary of the comments received through the MCH Collaboration Survey is attached as Appendix XX.

### *Other MCH Bureau investments*

MCH applied for and was accepted as a host site for the MCH Title V Summer Internship Program. Two graduate student interns joined the MCH team in May/June 2018 as part of the MCH Workforce Development Center's MCH Title V Summer Internship Program. The student interns worked with MCH, Medicaid and other key stakeholders to develop a plan to implement Bright Futures, 4th Edition as part of a broader cross-division goal of improving statewide EPSDT rates.

MCH continues to partner with Parents as Teachers National Center (PATNC), the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) grantee in Wyoming, to build and support a network of home visiting organizations. In FFY18, the MCH Unit and PATNC met several times to discuss development of a Memorandum of Understanding (MOU) between organizations and coordination of the MIECHV and Title V needs assessments. A MOU will be established in 2019. To assure coordination of needs assessment activities, the MCH Unit Manager sits on the MIECHV Needs Assessment Steering Committee and the Wyoming MIECHV Director sits on the Title V/MCH Needs Assessment Steering Committee.

The State Systems Development Initiative (SSDI) supports the data work of Title V by partially funding an MCH Epidemiologist. SSDI also supports data collection and quality efforts; including partially funding Wyoming VSS participation in the State and Territorial Exchange of Vital Events program, improving quality control in the Vital Records data collection system, supporting data collection for PRAMS and developing important data linkages.

### *Other Federal investments*

MCH continues to partner with Wyoming's Title X grantee, WHC, to ensure optimal

coordination of activities related to family planning. A new WHC Executive Director began in June 2019 and monthly Title V/Title X partnership meetings are scheduled to continue to maintain and strengthen partnerships.

#### *Other HRSA programs*

The Wyoming Primary Care Association (WYPCA) is a key partner in MCH priority activities. Specifically in FFY18, the WYPCA supported promotion of adolescent well visits through participation in the AYAH CollN project. Currently (FFY19), WYPCA provides leadership and support to identify and respond to challenges related to reimbursement for LARCs in RHCs, FQHCs, and hospitals.

The Genetics Clinics offered through Title V works closely with the Mountain States Regional Genetics Collaborative, funded through HRSA's Genetics Services Branch, to improve services to Wyoming patients requiring genetics care. The Wyoming NBS Program and MCH Epidemiology Program presented on this important work at the 2018 annual conference.

#### *State and Local MCH programs*

MCH continues to have a direct presence in 23 counties through an MCH MOU which provides funding to counties to provide home visiting and other MCH services related to Wyoming MCH priorities. Services are provided by PHNs.

#### *Other programs within the Department of Health*

In order to improve communication and collaboration between MCH and MCH Epidemiology and ensure that the MCH needs assessment is an ongoing process, the MCH Unit Manager and MCH Epidemiology Program Manager re-instituted monthly staff meetings in 2017.

The MCH Unit and Rural and Frontier Health (RFH) Unit continue to meet quarterly to identify and implement collaboration activities.

The MCH Unit and Wyoming Medicaid actively partner to address infant mortality, improve access to and promote the use of effective family planning and promote preventive and quality care for children and adolescents.

#### *Tribes*

MCH and MCH Epidemiology continue to provide support to members of the Fremont County Fetal and Infant Mortality Review (FIMR) Advisory Committee (formerly the planning committee) to implement FIMR in Fremont County, the county where the Wind River Indian Reservation (WRIR) is located.

MCH tribal nurses serving both the Northern Arapaho and Eastern Shoshone tribes offer gap-filling financial assistance and care coordination services as part of the CSH Program. CSH Benefits and Eligibility Specialists provide training and support to the nurses to improve and sustain programming.

The Wyoming PRAMS project continues to sample all births to Native American women. Wyoming PRAMS staff attend tribal health fairs and work with leadership of the tribal health programs to provide data for review and use in tribal programs.

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## Family Partnership

The Maternal and Child Health (MCH) Unit revised its core value of engagement in December 2018 ahead of the current needs assessment process. The new value of “engagement” demonstrates a Unit commitment to ‘cultivate authentic collaboration and trust with families and community partners.’

### *Wyoming Parent/Family Engagement Workgroup*

Meaningful parent and family partnership requires dedicated staff and resources. The MCH Unit submitted a Public Health Associate Program (PHAP) application in 2018 and 2019 to increase capacity to improve parent and family partnership. In 2018, Wyoming was selected as a site but not matched with an associate. To continue planned efforts despite not matching, the Unit leveraged an opportunity to welcome a University of Wyoming masters-level social work student intern to the Unit in the Fall of 2018 to develop a parent/family engagement vision and plan. The intern conducted foundational research on parent/family engagement, developed a stakeholder survey to better understand current requirements and activities, conducted key informant interviews, and planned a stakeholder meeting. Of the 72 stakeholders who responded to the survey, 71% (n=51) responded that their organization has parent/family/youth/young adult engagement requirements. Of those with requirements, 61% stated their organizational mission required it, 51% stated their grant/funder required it, 22% stated a law/statute required it, and 15% stated ‘other’. Forty respondents shared information about how they currently engage parents/families/youth/young adults. The student used Title V MCH Services Block Grant guidance to describe the types of activities which define parent/family engagement. See below for a breakdown of respondents’ activities.

Q3 In what areas do you currently engage parents/families/youth/young adults? (Check all that apply)

▼ Advisory Groups (i.e. membership on governor’s council, steering committee, parent/youth council) (1)	35.00%	14
▼ Consumer Survey (i.e. customer satisfaction, parent feedback) (2)	27.50%	11
▼ Strategic and Program Planning (3)	37.50%	15
▼ Quality Improvement (4)	32.50%	13
▼ Workforce Development and Training (i.e. staff trainings based on parent input, parent/youth leadership training) (5)	17.50%	7
▼ Grant Development and Review (6)	17.50%	7
▼ Materials Development (7)	20.00%	8
▼ Advocacy (8)	52.50%	21
▼ Policy Development (9)	20.00%	8
▼ Direct Service (i.e. child welfare, home visiting) (10)	45.00%	18
▼ Support Group (i.e. peer-to-peer, professionally facilitated) (11)	35.00%	14
▼ Other (please specify) (12)	Responses	17.50% 7
<b>Total Respondents: 40</b>		

In April and June 2019, a group of over 20 engaged stakeholders met to discuss opportunities to improve and coordinate statewide parent and family engagement activities. Next steps include development of a crosswalk describing current parent/family engagement activities, development of a shared definition of parent/family engagement, and recruitment of parents to join our planning group. The vision of this workgroup is still in development but there is momentum building for the development of a statewide family advisory council. Through a partnership with the Wyoming Children's Trust Fund, the group heard from guest speakers from the National Alliance of Children's Trust and Prevention Funds about their national parent advisory council and TA provided to other states in developing statewide councils.

#### *Fatherhood Engagement*

A MCH Unit staff member attended a 2019 stakeholder meeting facilitated and led by The Fatherhood Initiative and hosted by the Wyoming Children's Trust Fund. The goal of the meeting was to bring together interested stakeholders to develop a fatherhood engagement strategic plan. All efforts will be made to coordinate the efforts of the Wyoming Parent/Family Engagement Workgroup and the fatherhood engagement initiative.

#### *Family Voices Partnership*

The MCH Unit continues to work toward strengthening its relationship with UPLIFT, Wyoming's Family Voices affiliate. The MCH Unit supported UPLIFT's Executive Director's attendance at the 2019 Family Voices conference.

#### *Youth Council Development*

In 2019, the Youth and Young Adult Health Program released a Request for Applications to support development of a statewide youth advisory council. The council will provide opportunities for youth and young adults to share their expertise and experiences to help inform and guide WDH programs that target youth and young adults including those focused on suicide prevention, substance use, communicable disease, behavioral health, etc. The council members will also learn how to advocate for themselves and their peers in State Government. Lastly, the council's presence and activities will help adults better understand youth and young adult culture and needs. Membership of the council will represent the diversity of the State related to age, gender, geographic location, and race/ethnicity.

#### *Parent Leadership Training Institute*

During FFY18, the MCH Unit funded Laramie County Community Partnership to conduct a Parent Leadership Training Institute (PLTI) class in Laramie County, Wyoming. Six (6) participants graduated. Project topics addressed domestic violence, early childhood education and pre-K expansion, anti-bullying and positive peer support, CPR education access, Department of Family Services policies to support children who experience and/or witness domestic violence, and supporting families to achieve self-sufficiency. The MCH Unit does not have current plans to fund additional PLTI sites. The MCH Unit plans to engage the newly developed Wyoming Parent/Family

Engagement Workgroup to determine if and how PLTI will be implemented in the future. The MCH Unit hopes to identify opportunities for improved evaluation and sustainability before supporting future cohorts.

Title V funds were used to train over 100 PLTI graduates over the past 10 years. Currently, there is no frequent communication with our graduates and no formal way to connect graduates with opportunities to use their leadership skills. The MCH Unit hopes a future MCH intern will develop a searchable inventory of trained parent leaders featuring their skills, experience, and interests. The goal will be to match parent leaders with parent engagement opportunities such as joining an advisory council or reviewing consumer materials related to a state priority need. The goal is to match parents with both MCH opportunities as well as opportunities to lend expertise to other Wyoming agencies and organizations.

#### *Parent Partner Project*

The Child Health Program administers the Wyoming Parent Partner Program (PPP) through a contract with the Hali Project. This evidence-informed program helps medical homes identify/hire a parent within their practice who has a child with a special health care need to assist other parents of CSHCN. Between July 2017 and January 2018, the PPP served 150 families and 180 children. The PPP expanded to the clinic on Warren Air Force Base in Cheyenne but lost their Parent Partner due to the movement of military families. The process for identifying a new Parent Partner is ongoing.

## Women/Maternal Health Domain

**Annual Report Fiscal Year 2018:** This section provides a summary of Federal Fiscal Year 2018 (FFY18) activities, accomplishments, and challenges related to National Performance Measures (NPMs) and State Performance Measures (SPMs) (2016-2020) for the Women/Maternal Health Domain.

Priority	Performance Measure	ESM (if applicable)
Improve Access to and Promote Use of Effective Family Planning	SPM 6: Use of most/moderately effective contraception by postpartum women	N/A

In spring 2015, the MCH Unit selected Improve Access to and Promote Use of Effective Family Planning as one of its 2016-2020 priorities. There is no available NPM for this priority. Healthcare access in a rural and frontier state can be challenging, and this is especially true for family planning services. Contraception choices can be limited when the nearest family planning clinic is hours away, and some clinics may not be equipped to offer a full range of contraceptive options. Access to effective family planning not only decreases unintended pregnancy rates, but helps women attain healthy birth spacing, delay pregnancy when desired, and promotes the well-being and autonomy of women. Wyoming women face a number of barriers to widespread family planning access. Long-acting reversible contraception (LARCs) such as intrauterine devices (IUDs) and implants are the most effective form of birth control available, but are often not accessible or offered to women as a contraceptive choice. According to program partners, stakeholders, and current work in the state, the bundling system for payments in federally qualified healthcare centers (FQHCs), Rural Health Clinics (RHCs) and hospital settings is the primary barrier to accessing LARCs. The current reimbursement structure disincentivizes providers to offer LARCs due to little or no reimbursement for the procedure or the device.

The Wyoming Pregnancy Risk Assessment Monitoring Survey (PRAMS) aggregate data from 2012 - 2015 show that 31.2% of live births in Wyoming were the result of unintended pregnancies and 15.8% of women indicated that they were not sure what they wanted.

### **Strategy 1: Provide technical assistance to Wyoming hospitals implementing immediate post-partum (IPP) LARC protocols**

The WIHP, MCH Epidemiology Program, Wyoming Medicaid, and a provider champion participated in the Association of State and Territorial Health Officials (ASTHO) Learning Community on Increasing Access to Contraception from 2016 to 2018. During that time, the Wyoming team partnered with a local hospital to pilot a project aimed at reducing barriers to use of immediate postpartum (IPP) LARCs, with the support of a local physician champion and hospital leadership. This project helped identify primary

barriers to implementation in a hospital setting in Wyoming. These barriers include hospital stocking, Medicaid reimbursement for device outside of the bundle, and provider uptake. Although many barriers must be addressed to reduce barriers to LARC use, the reimbursement challenges were greatest. At least one provider in the pilot hospital successfully billed Medicaid for IPP LARC; however, the workaround was not sustainable and not a possibility for all providers.

In order to further focus efforts on the reimbursement challenges of LARC, the WIHP applied for a State-Level Initiatives to Expand Access to LARC grant funding opportunity offered by the National Institute for Reproductive Health. WDH received a \$25,000 grant to refocus LARC work in the state in early 2019. This grant opportunity will fund a cost analysis on the use of LARCs versus the cost of an unintended pregnancy in Wyoming. The cost analysis will be used to demonstrate the need for unbundling the cost of these devices in FQHCs, RHCs and hospital settings under both public and private insurance. The MCH Unit has partnered with the Wyoming Primary Care Association (WYPCA), Wyoming Medicaid and private insurers to complete this project, and has obtained the support of the WYPCA as a project partner and grant subrecipient.

The cost analysis will focus on costs and reimbursement structures under Wyoming Medicaid to demonstrate the need for unbundling of LARC devices under current Medicaid policy. The goal of the analysis is to provide justification for policy change at the state level that will allow for FQHCs, RHCs and hospitals to bill for the insertion of LARC devices, including the cost of the device itself, outside of the current reimbursement structures to which each is bound. The analysis will also consider the costs associated with LARC insertion and removal under private payers. This work can potentially demonstrate the need for policy change under the primary private payers in Wyoming, as needed and depending on reimbursement policies that are currently in place. A portion of this project will be contracted out to an expert in healthcare cost analysis based on recommendations from the National Institute for Reproductive Health (NIRH). The analysis will entail in-depth work on both public and private insurance policy and the costs associated with pregnancy and childbirth in the Wyoming.

Through this project, communication and outreach strategies will be developed by both Wyoming Medicaid and the WYPCA and implemented to notify providers about any policy changes related to reimbursement, and to assess training needs related to insertion and removal, availability of LARCs, and patient-centered contraceptive counseling. Additional outreach strategies will be designed and implemented by the WYPCA to communicate with consumers about LARC availability and coverage.

The SPM for this strategy--the percentage of women aged 15-44 at risk of unintended pregnancy that is provided a most effective (i.e. sterilization, implants, intrauterine devices or systems (IUD/IUD)) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) contraceptive method-- was adopted in FFY19 and will be reported in 2020. The MCH Epidemiology Program will also track other contraceptive care measures adopted by the National Quality Forum, as appropriate.

**Strategy 2: Develop IPP LARC Toolkit**

This strategy is on hold until challenges related to Medicaid reimbursement of the LARC device outside of the Level of Care payment are addressed.

Priority	Performance Measure	ESM (if applicable)
<b>Prevent Infant Mortality</b>	<b>NPM 14.1: Percent of women who smoke during pregnancy</b>	<ul style="list-style-type: none"> <li>● ESM 14.1.1: # of pregnant women referred to the Wyoming Quitline services from Healthy Baby Home Visitation</li> <li>● ESM 14.1.2: # of providers trained on SCRIPT implementation</li> </ul>

The Wyoming 5-year Title V needs assessment helped the MCH Unit identify seven key priority needs for the 2016-2020 period. The WIHP seeks to prevent infant mortality through reducing the percentage of women who smoke during pregnancy. Smoking during pregnancy has been linked to numerous health problems for the unborn infant, including placental issues, low birth weight, increased risk of premature birth, birth defects, and spontaneous abortion.

**Strategy 1: Train health care providers in Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) Program**

The WIHP partnered with March of Dimes in April of 2017 to attend the train-the-trainer session for Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) at the Society for Public Health Education (SOPHE) conference in Denver, CO. The 8-hour training included the fundamentals of SCRIPT implementation, SCRIPT evaluation, and a certification to train others in SCRIPT implementation. The WIHPM provided training at the Wyoming Public Health Association annual conference in September of 2018 on SCRIPT implementation, and 8 public health providers, including 6 public health nurses, were trained on SCRIPT implementation. As of May 2019, Sweetwater County Public Health has plans in place to implement SCRIPT in their home visitation program, and data on this effort will be collected through the Healthy Baby Home Visitation program through the new PHN electronic health record, WebChart, that was implemented in late 2018. Currently, no MCH staff are trained in SCRIPT. This strategy will be continued after new staff receive training.

**Strategy 2: Promote the Wyoming Quitline with pregnant and postpartum women, with a focus on women served through the Healthy Baby Home Visitation Program.**

The WIHP has committed to the ongoing promotion of evidence-based smoking cessation strategies targeted at pregnant and postpartum mothers. Through an MCH

services contract held with all counties, MCH requires PHNs to ask about smoking status at every home visit and refer smoking clients to the Wyoming Quitline. The WIHP continues to promote the Wyoming Quitline through distribution of marketing materials in PHN home visiting and PHN offices.

The Wyoming Quit Tobacco Program is focused on increasing the number of pregnant women that call the Wyoming Quitline. The Quitline is an evidenced based strategy for quitting tobacco. Wyoming has an incentive program for enrollment in the program during pregnancy. The ESM for this strategy was adopted in FFY19 and will measure the success of the partnership between home visiting, MCH, and tobacco in getting women who smoke during pregnancy to enroll in the Quitline services.

**(Inactivated) Strategy: Work with tribal tobacco program to build capacity to implement strategies for smoking cessation during pregnancy**

In mid-2017, the WIHPM executed a contract with a licensed clinical psychologist to offer life-history training to healthcare and social service providers on the Wind River Reservation, specifically staff from the White Buffalo Recovery Center. Training topics were to include qualitative interviewing and coding techniques. By increasing capacity to conduct focus groups (and life history interviews), the program expected to learn more about circumstances surrounding smoking (and other risky health behaviors such as substance use) among pregnant and postpartum women use that information to better target information and interventions related to smoking cessation in pregnancy. In FFY18, due to staff turnover at White Buffalo Recovery Center and other barriers, the training was postponed indefinitely. When a new WIHPM begins in Summer 2019, this strategy will be reviewed further to identify if other strategies may be employed with tribal partners to reduce smoking among Native women.

Priority	Performance Measure	ESM (if applicable)
Prevent Infant Mortality	N/A	N/A

**Strategy 1: Support hospitals in implementation of AIM safety bundles (e.g. hypertension, opioids use during pregnancy, low-risk Cesarean delivery)**

The WIHP maintains an ongoing partnership with the Utah Department of Health related to their Alliance for Innovation in Maternal Health (AIM) ECHO series. Six Wyoming hospitals participated in Utah’s Severe Hypertension in Pregnancy safety bundle ECHO starting in 2017. This partnership resulted from review of LOCATe results and identified opportunities to improve maternal emergency protocols and drills. Currently, Wyoming is not an AIM state and therefore cannot directly participate in AIM work. The partnership with Utah allowed Wyoming hospitals to participate despite the fact that Wyoming is not currently eligible to be an ‘AIM state’. Participating hospitals completed pre/post assessments and were permitted to register as AIM facilities and upload data

into the AIM portal, thus contributing to data capacity on maternal safety in the hospital setting. Sessions for this safety bundle wrapped up in mid-2018, but plans are in place to offer refresher sessions in 2019. Wyoming facilities will be invited to participate in an in-person close-out meeting.

In late 2018, the WIHP released a survey to Wyoming hospitals to assess interest in future ECHO sessions and to help inform Utah's choice on their next ECHO topic. Eleven Wyoming hospitals responded. Wyoming survey results indicated an interest in the Support After a Severe Maternal Event safety bundle and Obstetric Care for Women with Opioid Use Disorder safety bundle. Utah selected the Obstetric Care for Women with Opioid Use Disorder safety bundle based on feedback from both Wyoming and Utah hospitals. The WIHPM will continue to partner with the Utah Department of Health to develop the ECHO session content and schedule. The WIHP anticipates increased participation from Wyoming hospitals due to increased hospital engagement in the Wyoming Perinatal Quality Collaborative.

**New FFY19/20 Strategy: Offer provider training on safe prescribing to reduce opioid use/misuse in pregnancy and postpartum periods**

In early FFY19, the WIHP, in partnership with the WDH Public Health Preparedness and Response Unit and their Cooperative Agreement for Emergency Response: Public Health Crisis Response funding, started work on a training for healthcare providers related to safe prescribing of opioids during pregnancy and postpartum. The training will be offered in Summer/Fall 2019 and will help providers meet a new legislative requirement of receiving three continuing medical education (CME) hours on safe prescribing every two years. The WIHP worked with partners at tertiary care facilities in Colorado to identify potential trainers who will be Dr. Kaylin Klie from Colorado Children's Hospital, Dr. Lesley Brooks from the Northern Colorado Health Alliance, and Dr. Ryan Jackman, an Addiction Medicine Specialist from St. Mary's Family Medicine. The WIHP will continue to work with the Wyoming Medical Society, ACOG and other physicians groups to engage providers who serve pregnant women in Wyoming, to ensure the training reaches a wide audience. It will also be broadcast virtually for remote attendance, and will offer CMEs for live attendees.

Through the same partnership with the WDH Public Health Preparedness and Response Unit and their Cooperative Agreement for Emergency Response: Public Health Crisis Response funding, the WIHP will release a Request for Application (RFA) to Wyoming hospitals to implement quality improvement projects that respond to the rising incidence of opioid use in pregnancy and postpartum and neonatal abstinence syndrome. This grant will support Wyoming hospitals in implementation of quality-improvement strategies or projects that prioritize one of the following project options:

1. **Obstetric Care for Women with Opioid Use Disorder Patient Safety Bundle** developed by the Alliance for Innovation in Maternal Safety (AIM)
  - a. **Overview:** This project is being offered by the Utah Department of Health in conjunction with the University of Utah and the Utah Perinatal Quality

Collaborative. Wyoming hospitals are invited to participate. For more information, visit [safehealthcareforeverywoman.org](http://safehealthcareforeverywoman.org).

- b. **Requirements:**
    - i. Twelve-month commitment to attend AIM Project ECHO sessions. Sessions are offered bi-weekly, and funded hospitals must commit to attending no less than 75% of offered sessions. ECHO sessions will be offered using Zoom video conferencing software. Anticipated start date of this ECHO series will Fall 2019.
    - ii. Execution of a required data-use agreement between the awarded hospital and AIM. Hospitals must report all required project data.
    - iii. Attendance at *optional* in-person launch meeting (Fall 2019) and project wrap-up meeting, both of which will take place in Salt Lake City, Utah.
    - iv. Required project updates and summary reports provided to the WYPQC, including updates at quarterly WYPQC meetings.
2. **Colorado Substance Exposed Newborns (CHoSEN) Hospital Learning Collaborative**
- a. **Overview:** This project is offered through a partnership with the Children’s Hospital of Colorado, Illuminate Colorado, and the Colorado Perinatal Care Quality Collaborative. For more information, visit <https://www.illuminatecolorado.org/sen>.
  - b. **Requirements:**
    - i. Development of a project aim and selection of key drivers.
    - ii. Implementation of a comprehensive quality improvement project.
    - iii. Execution of a required data-use agreement between the awarded hospital and CHoSEN. Hospitals must report all required data into the RedCAP system.
    - iv. Attendance at *optional* in-person CHoSEN summit in Fall 2019.
    - v. Required project updates and summary reports provided to the Wyoming Perinatal Quality Collaborative (WYPQC), including updates at quarterly WYPQC meetings.

**Additional WIHP Activities:**

*The Maternal High Risk (MHR) and Newborn Intensive Care (NBIC) Programs* ensure high-risk pregnant women and high-risk infants have access to care coordination services and limited gap-filling financial assistance to enhance perinatal outcomes. Promotion of these programs further support efforts to improve risk appropriate perinatal care, especially for families that require out-of-state care at a Level III facility. Referrals for these essential gap-filling programs come from providers around the state, as well as from our tertiary care facilities that are attending high-risk births from Wyoming mothers.

*Maternal Mortality Review*

In FFY18, stakeholders engaged in the development of a WYPQC identified maternal mortality as a topic of interest. Specifically, several group members (including past Wyoming ACOG Chair) expressed an interest in supporting the development of a

maternal mortality review committee. The MCH Epidemiology Assignee provided multiple presentations to interested stakeholders on current maternal mortality and morbidity data and TA and support was provided by the Centers for Disease Control and Prevention's (CDC) Division of Reproductive Health.

Over the past year, the MCH Epidemiology Assignee closely evaluated Wyoming's maternal mortality data, including evaluating use of the pregnancy check box and developing a plan for case finding. The MCH Epi Assignee is a member of a CDC-led case finding workgroup. Wyoming now identifies cases through linkage of birth and fetal death certificates to mortality data, rather than just the pregnancy check box. This change has improved the quality of data that are submitted to CDC's Pregnancy Mortality Surveillance System. Data linkages are planned to further complement case finding.

In 2018, the topic of maternal mortality received significant national attention leading to the passing of the Preventing Maternal Deaths Act of 2018 which provides for establishing and supporting maternal mortality review committees (MMRCs) to review pregnancy-related and pregnancy-associated deaths. In March 2019, the CDC released a funding opportunity for existing MMRCs. Wyoming currently does not have a MMRC. The lack of in-state specialists, lack of needed legal protections for committee members, and small numbers provides a challenge for starting an independent MMRC at this time. While not an impossibility long-term, it is not a feasible option at this time for Wyoming to start a separate MMRC. For that reason, Wyoming did not apply for the funding separately. Instead, partners at the Utah Department of Health generously offered to include Wyoming in their application for CDC MMRC funding and include a budget to support Wyoming efforts. This partnership will significantly increase Wyoming capacity to prevent maternal mortality and allow nearly immediate review of Wyoming deaths as part of the longstanding Utah Perinatal Mortality Review Program.



## Women/Maternal Health Domain

**Application Federal Fiscal Year 2020:** This section presents strategies/activities for 2016-2020 MCH priorities related to Women/Maternal Health. See Five-Year State Action Plan Table for more information.

Priority	Performance Measure	ESM (if applicable)
Improve Access to and Promote Use of Effective Family Planning	SPM 6: Use of most/moderately effective contraception by postpartum women	N/A

The WIHP will impact SPM 6: Use of most/moderately effective contraception by postpartum women -- by implementing the following selected strategies:

1. Complete a cost-analysis on LARCs and unintended pregnancy. The cost-analysis will be completed by Health Management Associates, Inc., a vendor recommended by the National Institute for Reproductive Health.
2. Change Medicaid policies related to LARC reimbursement in hospitals (IPP LARC) and Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs) and IHS/Tribal Health clinics (Global LARC). Success of this strategy will be measured through the following:
  - a. # of Medicaid policies implemented that reduce barriers to offering most/moderately effective forms of contraception (e.g. LARC)
  - b. % of RHCs), FQHCs and IHS/Tribal Health clinics who serve women of reproductive age who are billing Medicaid (i.e. have at least one paid claim) for LARC

Wyoming's participation in the Association of State and Territorial Health Officials (ASTHO) Increasing Access to Contraception learning collaborative, and the funding received from the National Institute for Reproductive Health, will continue to inform work to increase access to LARCs in a variety of settings and has generated broad interest among program partners in increasing access to the range of methods as a way to improve maternal and infant outcomes. The WIHP will lead future work related to building capacity for LARC use and billing and will ensure a reproductive justice lens is applied to this work. Key partners will include Wyoming Medicaid, Wyoming Primary Care Association, OB/GYN providers and hospitals.

In addition, the WIHP, YAHAP, and MCH Unit Manager will meet monthly with Wyoming's Title X grantee, Wyoming Health Council, to continue to improve Title V/Title X partnership. A new Title X Director began in June 2019 and will be invited to participate in family planning work convened through Title V programs. The WIHP will also participate in a monthly family planning workgroup comprised of Public Health Nursing staff to further coordinate and streamline statewide family planning efforts.

Priority	Performance Measure	ESM (if applicable)
Prevent Infant Mortality	<b>NPM 14: A) Percent of women who smoke during pregnancy B) Percent of children who live in households where someone smokes</b>	<ul style="list-style-type: none"> <li>• ESM 14.1.1: # of pregnant women referred to the Wyoming Quitline services from Healthy Baby Home Visitation</li> <li>• ESM 14.1.2: # of providers trained on SCRIPT implementation</li> </ul>

Beginning in FFY20, we plan to impact NPM 14A--percent of women who smoke during pregnancy-- and 14B --Percent of children who live in households where someone smokes -- by implementing the following selected strategies paired with their associated evidence-based/informed strategy measures, where applicable:

1. Continue to work with the Healthy Baby Home Visitation Program to promote evidence-based smoking cessation programs as measured by the following:
  - a. # of pregnant women referred to the Wyoming Quitline services from Healthy Baby Home Visitation
  - b. # of postpartum women referred to the Wyoming Quitline services from Healthy Baby Home Visitation
2. Promote training on and implementation of SCRIPT in home visitation settings (including but not limited to Healthy Baby Home Visitation, Early Head Start, Parents as Teachers) as measured by the following:
  - a. # of counties implementing SCRIPT in Healthy Baby Home Visitation Program.
  - b. # of individuals trained in SCRIPT (by home visitation program)

**Emerging Priorities**

The following emerging priorities have been identified through ongoing data surveillance and community feedback, and will help guide program activities over the next few years.

*Wyoming Perinatal Quality Collaborative (WYPQC)*

The WIHP will continue to provide support to the development and ongoing work of the WYPQC. Support will include funding for a WYPQC coordinator, meeting facilitation, and ongoing data support.

*Opioids*

Safe Prescribing Training

The WIHP will continue to work with the Wyoming Medical Society, ACOG and other physicians groups to engage providers who serve pregnant women in Wyoming, to ensure the training reaches a wide audience. It will also be broadcast virtually for remote attendance, and will include CMEs for live attendees.

Hospital Grants

Provide funding to Wyoming hospitals to implement projects that respond to the rising incidence of opioid use in pregnancy and postpartum, and with it the increase in substance-exposed newborns seen in the labor and delivery environment.

#### *Maternal Mortality Review*

The WIHPM, MCH Unit Manager, and MCH Epidemiology Assignee will work closely with the Utah Department of Health to develop a process for reviewing Wyoming maternal deaths as part of the Utah Perinatal Mortality Review Program. Notice of funding awards is expected in August 2019.

The proposed draft process includes:

Wyoming MCH Epidemiologists conducts case identification activities.

WIHP contracts with abstractor who will request records based on case identification.

Contracted Wyoming abstractor abstracts records.

Contracted Wyoming abstractor enters case information into Maternal Mortality Review Information Application (MMRIA)

Deidentified case summary automatically generated in MMRIA and reviewed by Utah MMRC. Up to four Wyoming representatives will attend reviews twice a year to review Wyoming deaths.

Utah MMRC develops recommendations using committee decision form and sends Wyoming recommendations to the Maternal Mortality Subcommittee of the WYPQC for review/prioritization.

WYPQC Maternal Mortality Subcommittee disseminates approved/prioritized recommendations to WYPQC and other partners for action.

WYPQC acts on recommendations

## Perinatal/Infant Health Domain

**Annual Report Fiscal Year 2018:** This section provides a summary of Federal Fiscal Year 2018 (FFY18) activities, accomplishments, and challenges related to National Performance Measures (NPMs) and State Performance Measures (SPMs) (2016-2020) for the **Perinatal/Infant Health Domain**.

Priority	Performance Measure	ESM (if applicable)
Improve Breastfeeding Duration	<b>NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months</b>	<ul style="list-style-type: none"> <li>• ESM 4.4: # of participating in the Wyoming 5-Steps to Breastfeeding Success program</li> <li>• ESM 4.6: Percent of hospitals demonstrating an increase in at least one step from baseline based on hospital self-reported assessment</li> <li>• ESM 4.7: Percent of counties that have at least one public health nurse trained as a Certified Lactation Consultant (CLC)</li> </ul>

The Wyoming 5-year Title V needs assessment helped the Maternal and Child Health (MCH) Unit identify seven key priority needs for the 2016-2020 period. One such priority aims to increase rates of breastfeeding initiation, breastfeeding duration, and exclusivity at 6 months in order to improve perinatal and infant health. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the infant's first six (6) months and continued breastfeeding until at least the infant's first birthday in order to maximize the health benefits associated with breastfeeding. Breastmilk is recognized as the best source of nutrition and immune protection, and promoter of healthy growth and development in infants, and a variety of protective benefits have been observed. Breastfed infants are less likely to experience a wide range of illnesses and diseases (including childhood leukemia, diabetes, and obesity). Medical evidence shows that both mothers and their infants enjoy better health through breastfeeding, and mothers have less risk of breast cancer, ovarian cancer, diabetes, and heart disease; they also recover from pregnancy faster.

**Strategy 1: Ensure each county has one Promote breastfeeding breastfeeding support within the Healthy Baby Home Visitation Program**

**Strategy 2: Promote breastfeeding within the Healthy Baby Home Visitation Program**

To ensure that mothers and their infants served by public health nurses through home visitation, family planning clinics, or other MCH-related services have access to breastfeeding support, the Women and Infant Health Program Manager (WIHPM) provides financial support to train public health nurses as Certified Lactation Consultants (CLC). The goal is to have a CLC-trained nurse in all counties. In FFY18, 96% of counties (22/23) had a CLC-trained nurse. CLC-trained nurses are able to provide breastfeeding and human lactation support. Support includes assessing the latching and feeding process, providing corrective interventions, counseling mothers, understanding and applying knowledge of milk production. This effort supports new mothers through the challenges and uncertainty around breastfeeding, and helps to increase the number of new mothers that are able to breastfeed successfully. Where possible, the WIHPM partners with the Women, Infants, and Children (WIC) program to coordinate in-state CLC trainings so that both WIC and PHN staff may benefit.

Through the ongoing collaboration between Wyoming PHN and MCH, breastfeeding practices and support are also tracked within the Healthy Baby Home Visitation (HBHV) program. The HBHV Program is delivered by public health nurses in all 23 counties in Wyoming to pregnant and postpartum mothers and their families. Through a contract with MCH, each county is required to ensure all PHNs delivering MCH services receive annual breastfeeding training. Each county is also responsible for providing breastfeeding education/support/referrals as part of the home visiting curriculum and for collecting data on initiation and duration of breastfeeding. Data on the PHN breastfeeding support provided by PHNs and HBHV client breastfeeding outcomes are reviewed quarterly by the MCH Consultant for PHN to encourage ongoing quality improvement.

**Strategy 3: Award mini-grants and provide ongoing technical assistance to hospitals participating in the Wyoming 5-Steps to Breastfeeding Success Project and work with the Wyoming Hospital Association (WHA) to develop hospital recognition program**

**Strategy 4: Develop a hospital recognition program for Wyoming 5-Steps to Breastfeeding Success**

Wyoming has historically had a very high rate of breastfeeding initiation and exceeded the Healthy People 2020 goal of 81.9 percent of infants who are ever breastfed as far back as 2007. In order to sustain the progress seen with this particular objective, and to promote a deeper focus on increasing duration and exclusivity rates in Wyoming, the MCH unit developed and released a breastfeeding mini-grant opportunity to Wyoming hospitals to increase provider awareness and implementation of evidence-based methods to promote breastfeeding initiation and duration. The program, Wyoming 5-Steps to Breastfeeding Success, is based on the Baby Friendly Hospital Initiative and the Colorado Can Do 5 Program, and uses evidence-based methods to increase breastfeeding initiation and duration within the labor and delivery environment. The WIHPM partnered with WIC and the Wyoming Chronic Disease Prevention Program

(CDPP) to develop the program, the Request for Applications (RFP), and review/select grant recipients. Four hospitals applied. All received funding due to leveraged resources from a grant from the Association for State and Territorial Health Officials' (ASTHO) Learning Community to Improve State Health Agency Capacity for Breastfeeding Promotion and Support and Title V funding. All funded hospitals participated in required technical assistance calls with the WDH, and 100% of grantees reported an improvement from baseline on a hospital self-assessment.

Due to ongoing success in breastfeeding rates statewide and limited resources, the WIHP did not release a second RFA in 2018. However, the WIHP continues to promote the Wyoming 5-Steps to Breastfeeding Success program and offers technical assistance to hospitals interested in improving breastfeeding practices. In FFY19, the WIHP will seek consultation from the WYPQC and its partners (including the WHA and the Wyoming Business Coalition on Health) to determine the feasibility and value of launching a hospital recognition program for the Wyoming 5-Steps to Breastfeeding Success.

In 2018, the WIHP and MCH Epidemiology Program participated in the Association of Maternal and Child Health Programs (AMCHP) Data Communications E-Learning Collaborative. The Wyoming team used data from the Center for Disease Control and Prevention's (CDC) Maternity Practices in Infant Nutrition and Care (mPINC) Survey and Pregnancy Risk Assessment Monitoring System (PRAMS) to develop Wyoming 5-Steps to Breastfeeding Success posters including hospital-specific data on progress related to each of the steps in the grant program. AMCHP provided technical assistance and consultation on this project. The Wyoming team developed and distributed posters for all Wyoming hospitals in order to promote continued awareness of evidence-based steps to improving breastfeeding initiation and duration rates in the hospital setting. The image below shows the Wyoming statewide poster.

# Breastfeeding in Wyoming Hospitals Opportunities and Successes

Breastfeeding supports healthier moms and babies. Mom's first breastfeeding experience is in the hospital.



The Wyoming 5-Steps to Breastfeeding Success outlines areas of **opportunity** for hospitals to contribute to **breastfeeding success**.

## Mom is informed about benefits and management of breastfeeding. 1

 13% of hospitals report staff receive appropriate breastfeeding education.

93% of moms said WY hospital staff gave them information on breastfeeding.

## Infant receives no food/drink in the hospital other than breast milk. (unless medically indicated) 2

35% of hospitals report supplemental feedings to infants are rare.

 "The greatest bond is the ability to feed/nurse my baby! I recommend breastfeeding for all mothers."  
-WY PRAMS mom

## Infant stays in same room with mom in the hospital. 3

 97% of moms stayed in the same room with their baby in WY hospitals.

## Infant does not use a pacifier in the hospital. 4

1 in 4 hospitals rarely provide pacifiers to breastfeeding infants.

100% of Wyoming 5-Steps grantees implemented policies related to restricted pacifier use.

## Mom is given a telephone number to call for help with breastfeeding. (after discharge) 5

79% of moms got a phone number from WY hospitals for breastfeeding help.

 "The lactation consultant was amazing! If it wasn't for her, I wouldn't be breastfeeding..."  
-WY PRAMS mom

The Wyoming Department of Health is committed to supporting work that sustains breastfeeding success in Wyoming hospitals. If your facility is interested in getting assistance with implementing the Wyoming 5-Steps to Breastfeeding Success program, we can help!

 Wyoming Department of Health

For more information contact:  
Christina Taylor, MPH  
[christina.taylor@wyo.gov](mailto:christina.taylor@wyo.gov)  
307-777-7944  
Published November 2018

For more information on the data provided, please visit: [health.wyo.gov/public-health/health-promotion-and-prevention/health/breastfeeding-5-steps/](http://health.wyo.gov/public-health/health-promotion-and-prevention/health/breastfeeding-5-steps/)

**Additional Strategies:**

From 2017-2019, the WIHP worked closely with the Wyoming WIC Unit to draft a breastfeeding at work policy to support working parents employed by the WDH and to promote increased breastfeeding duration. Approximately 35% of the WDH workforce is made up of women of childbearing age, and this policy has the potential to positively impact a large portion of new mothers in the state, as well as to model positive breastfeeding support practices to the larger community and other organizations. The WIHPM and WIC Breastfeeding Consultant modeled the draft policy after other state health departments that have demonstrated success in breastfeeding support among their staff. The policy allows parents to bring their infant to work for up to 6 months after birth. It also better outlines WDH accommodations that have been put in place to support the expression of breastmilk in the workplace, including the provision of hospital-grade pumps and compatible pump kits by MCH, access to lactation rooms in state offices, and information on Fair Labor Standards Act (FLSA) policies that protect breastfeeding parents. The policy remains a priority for MCH and continues to be promoted among WDH leadership. While it has not been officially adopted within the WDH, there are plans in place to review the policy with the new WDH director in 2019.

Priority	Performance Measure	ESM (if applicable)
<b>Reduce Infant Mortality</b>	<b>SPM (NPM 3): Percent of VLBW infants born in a hospital with a Level III+ NICU</b>	N/A

Risk-appropriate perinatal care is a key strategy for improving maternal and neonatal health outcomes. Studies conducted by the American College of Obstetrics and Gynecology (ACOG) as far back as the 1970's have demonstrated that access to risk-appropriate neonatal and obstetric care has the potential to decrease perinatal mortality and improve birth outcomes for both mothers and their infants. Risk appropriate care is defined as access to care that matches both the mother's and infant's level of risk, including a full range of specialists available to help care for complex medical conditions.

**Strategy 1: Distribute facility specific reports on Levels of Care Assessment Tool (LOCATe) results.**

The MCH Unit and MCH Epidemiology Program, with support from CDC and ACOG, piloted LOCATe in early FFY16 to determine levels of care for Wyoming hospitals. Wyoming lacks a formal system to designate or define neonatal or maternal levels of care. Interested hospitals received a draft LOCATe report and met with MCH Epidemiology Assignee to discuss their assessments. The MCH Epidemiology assignee linked LOCATe data with hospital discharge data to examine pregnancy complications and the existence of maternal emergency hospital protocols and drills. These results prompted Wyoming to partner with the Utah Department of Health on their Extension for Community Healthcare Outcomes (ECHO) Project to implement

patient safety bundles for maternal hypertensive emergencies. Six Wyoming hospitals participated in the ECHO project in FFY17/18.

Another success related to risk appropriate perinatal care includes efforts by two of Wyoming's largest hospitals to sign alliance agreements with a neighboring state children's hospital to ensure a formal process for consultation and transport. Based on LOCATe results, another hospital educated new providers on what type of patients the hospital is capable of caring for. Wyoming facilities are currently focused on providing the best care within their level and launching initiatives to improve the quality of care for mothers and infants.

In 2018, the MCH Epidemiology Assignee partnered with the CDC to pilot outcome and performance measures for the maternal levels of care. These results were presented at the 2018 MCH Epidemiology Conference.

**Strategy 2: Support hospitals in implementation of AIM safety bundles (e.g. hypertension, opioids use during pregnancy, low-risk Cesarean delivery)**

*See Women/Maternal Health Domain for more information.*

**Strategy 3: Develop a Wyoming Perinatal Quality Collaborative (WYPQC)**

In December 2017, a group of engaged perinatal health stakeholders voted to formally establish the WYPQC. Membership includes stakeholders such as WHA and several hospitals across the state, in-state and out-of-state providers, Wyoming Medicaid, Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), March of Dimes, the Wyoming Business Coalition on Health, public and private payers, community-based organizations, and members of both the Colorado and Utah PQCs.

In June 2018, the WIHP hosted a day-long strategic planning meeting to formalize the WYPQC vision, mission, and core principles. The CDC and the National Network of Perinatal Quality Collaboratives (NNPQC) both provided key subject matter expertise for this meeting. Emily Osteen Johnson, a Public Health Advisor from the CDC's Division of Reproductive Health, provided an overview presentation on PQCs, including structure and potential projects. The CDC MCH Epidemiology Assignee presented an overview of Wyoming's perinatal epidemiology. Dr. Ed Donovan, a founder of the Ohio PQC and a consultant for the Colorado PQC, attended through funding from the NNPQC, and presented on best practices in PQC development. Through this meeting, the WYPQC established a vision, mission and core principles for the group, which are outlined below:

**Wyoming Perinatal Quality Collaborative**

***Vision:*** Optimal perinatal health outcomes for all Wyoming moms and babies.

***Mission:*** The Wyoming Perinatal Quality Collaborative (WYPQC) exists to improve health outcomes for Wyoming moms and babies through collaborative, data-driven quality improvement work.

**Core Principles:** The WYPQC will accomplish this through work that prioritizes:

- Increased access to high-quality, culturally appropriate care
- Ongoing education and training on safe and effective perinatal care
  - Family engagement and advocacy

In June 2018, the WYPQC voted to contract with a coordinator to lead the work of the group. The WIHP release a RFA for coordination of the WYPQC in late 2018, and awarded a contract in April of 2019. Brenda Burnett, RN, MSN, PCMH CCE, of Brenda Burnett Clinical Consulting LLC, is the current WYPQC Coordinator and brings a wealth of clinical expertise in perinatal issues, as well as project management and quality improvement experience. Brenda will facilitate the WYPQC through meetings and project planning, coordinate communication and activities, develop toolkits and outreach materials for projects, and ensure ongoing engagement and recruitment of project partners and stakeholders. Brenda will identify and research emerging perinatal health issues, and will assure communication of these issues to the larger group. In 2018, the WIHP released a call for nominations for WYPQC leadership roles (including Co-Chair). At the writing of this report, the WYPQC Co-Chair role remains vacant. Filling key leadership will be a key task of the WYPQC Coordinator in 2019.

The WYPQC continues to poll membership regarding areas of interest and emerging needs through ongoing discussions and surveys. In 2018, the group identified maternal mortality as a topic of interest. Specifically, several group members expressed an interest in supporting the development of a maternal mortality review committee. A maternal mortality subcommittee of the WYPQC is in development and will guide future Wyoming maternal mortality prevention efforts. *See Women/Maternal Health Domain Annual Report for more information on activities related to maternal mortality.* The WYPQC membership also demonstrated interest in continued partnership with the Utah ECHO project.

### **Additional Strategies:**

#### **Implement Fetal and Infant Mortality Review (FIMR) in pilot community**

The WIHP continued to support the Fetal Infant Mortality Review (FIMR) pilot project in Fremont County Wyoming through 2018, in collaboration with providers and community members on the Wind River Reservation. The Fremont County Case Review Team (CRT) reviewed 100% of Fremont County fetal and infant deaths from 2016. The CRT utilized the results of those reviews to make recommendations for action.

Preconception health was a chosen focus and included promoting management of chronic conditions before and during pregnancy and client centered contraceptive counseling.

Through County Health Rankings funding offered by the Robert Wood Johnson Foundation, the WIHP funded two trainings on preconception health for providers in the Wind River Family and Community Health Care Clinic during 2018. Dr. Christine

Dehlendorf from University of California at San Francisco provided a training on patient-centered contraceptive counseling, which was customized to reflect cultural considerations and past trauma for Native American populations. Dr. Lisa Callegari of the University of Washington provided a training on preconception health and chronic disease management before and during pregnancy. Both trainings were well received, and reached over 10 providers who serve Native women. A post-training evaluation was conducted for Dr. Callegari's training, and 8 providers responded. 100% of respondents reported that they learned something useful that will change the way they address pre-pregnancy/preconception health in their practice. During early 2019, a CAT subgroup worked with the clinic to develop a culturally appropriate way for providers to discuss reproductive life planning. During the spring of 2019, a DNP student from the University of Wyoming worked to develop a template for the EHR and incorporate reproductive planning into well woman visits. The project is ongoing, and results of the template pilot are expected during the summer of 2019. The CRT aims to begin reviewing cases in summer/fall of 2019 after breaking to plan the intervention.

In FFY18/19, the WIHPM, MCH Unit Manager, and MCH Epidemiology Assignee brainstormed options for FIMR expansion in Wyoming. Considerations include resources, staff capacity, local level interest, data support capacity, legal authority and protections, and opportunities to coordinate efforts with other death reviews.

### **Promote the MCH Unit's *Maternal High Risk (MHR) and Newborn Intensive Care (NBIC) Programs.***

The MHR and NBIC programs provide care coordination services and limited gap-filling financial assistance for eligible high-risk pregnant women and high-risk infants to enhance perinatal outcomes. Promotion of these programs further support efforts to improve risk appropriate perinatal care, especially for families that require out-of-state care at a Level III facility. Referrals for these essential gap-filling programs come from providers around the state, as well as from our tertiary care facilities that are attending high-risk births from Wyoming mothers. The goal is to increase program referrals through increased engagement and outreach by the WYPQC.

### **Improve Newborn Screening Timeliness and Quality**

Timely newborn screening (NBS) allows for early diagnosis and treatment of disorders that can negatively affect a child's mental and physical health for a lifetime. In some cases, these disorders can cause death if not diagnosed and treated early. In FFY18, the Wyoming NBS Program continued participation in NewSTEPs 360 (Newborn Screening Technical Assistance and Evaluation Program), a national project providing technical assistance and access to data to improve NBS timeliness. NewSTEPs 360 is an extension of the national CoIIN focused on improving NBS timeliness. In 2018, the project team from Wyoming and Colorado focused on hospital quality improvement efforts and data quality improvements within the Colorado Department of Public Health and Environment Laboratory (CDPHE), the lab that processes Wyoming's specimens. Previous work under this grant program helped Wyoming to develop newborn screening report cards using quality measures collected for the NewSTEPs project. Report cards outline key timeliness measures and highlight successes and opportunities for

improvement. The report also includes outliers to show hospitals instances of extreme delays.

Throughout 2018, the Wyoming NBS Coordinator developed a site visit plan for Wyoming hospitals. The Wyoming NBS Coordinator and MCH Epidemiology Program reviewed hospital data to identify hospitals for site visits. Four hospitals participated in site visits. The Wyoming NBS Coordinator developed a process flow diagram to discuss with each hospital to identify areas where a simple change in how a screen was handled in the hospital setting could greatly improve timeliness measures. Each hospital walked the Wyoming NBS Coordinator through the life cycle of a newborn screen. Opportunities for improvement were discussed and documented and the Wyoming NBS Coordinator provided recommendations after each site visit.

The NBS program worked with MCH Epidemiology to create a newborn screening dashboard using Tableau data visualization software. The dashboard can pull data directly from the feed from CDPHE and present it in an easy-to-use format that allows hospitals to see their standings and compare their data to that of other hospitals in the state. A data quality issue was identified in the CDPHE system during the course of this project leading to a suspension of work. When data quality is improved, the project will restart.

In May 2018, an issue was identified with specimens from Cheyenne Regional Medical Center (CRMC) reaching the CDPHE laboratory in an untimely manner. The Wyoming NBS Coordinator met with the contracted courier to address concerns, and the courier has since altered their route to pick up specimens from CRMC at a time that allows them to reach CDPHE within 24-48 hours after collection.

In June of 2018, the Wyoming NBS Coordinator met with our courier to be trained on their real time tracking data system. This system allows the coordinator to see the location of the courier at any given time, on their routes to pick up Wyoming specimens, for their journey to CDPHE. This tracking system ensures we maintain timely transport of specimens from our birthing hospitals to CDPHE.

## **Other WIHP Activities**

### **Healthy Baby Home Visitation Program**

The WIHPM participates in the Wyoming Home Visiting Network (WYHVN) and in 2018 was nominated to Chair the network. The WYHVN was formed under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant program, which is administered by Parents as Teachers (PAT), as a way to ensure cross-model collaboration and systems-building work for home visiting in Wyoming. The group has grown and evolved, and continues to meet quarterly to ensure ongoing coordination of home visiting services. As Chair, the WIHPM has led the group towards the promotion and growth of the early childhood system in Wyoming, to ensure better coordination and resource-referral for Wyoming families. The group has committed to improving cross-model referrals statewide, and to promoting the available home visiting models in each county through marketing and outreach. The WYHVN also worked in early 2019 to

coordinate with PAT to support the MIECHV needs assessment process, and to ensure that the product of the needs assessment under this grant program reflects the needs of the entire home visiting system in Wyoming.

DRAFT

## Perinatal/Infant Health Domain

**Application Year Plan (FFY20):** This section presents strategies/activities for 2016-2020 MCH priorities related to Perinatal/Infant Health. See Five-Year State Action Plan Table for more information.

Priority	Performance Measure	ESM (if applicable)
<b>Improve Breastfeeding Duration</b>	<b>NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months</b>	<ul style="list-style-type: none"> <li>● ESM 4.4: # of participating in the Wyoming 5-Steps to Breastfeeding Success program</li> <li>● ESM 4.6: Percent of hospitals demonstrating an increase in at least one step from baseline based on hospital self-reported assessment</li> <li>● ESM 4.7: Percent of counties that have at least one public health nurse trained as a Certified Lactation Consultant (CLC)</li> </ul>

In FFY20, we plan to impact NPM 4: A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months by implementing the following selected strategies:

- 1) Work with WHA and the WDH Public Information Officer to develop hospital recognition program based on the Wyoming 5-Steps to Breastfeeding Success.
  - a) # of applications received for recognition
  - b) # of hospitals awarded recognition
- 2) Continue to work with PHN to ensure all counties have a CLC-trained MCH nurse
  - a) % of counties that have a CLC-trained nurse on staff

The WIHPM will also continue to pursue implementation of the internal WDH breastfeeding policy, and will pursue additional policies to support the WDH workforce, as appropriate.

Priority	Performance Measure	ESM (if applicable)
<b>Reduce Infant Mortality</b>	<b>SPM (NPM 3): Percent of VLBW infants born in a</b>	N/A

	<b>hospital with a Level III+ NICU</b>	
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Currently, infant mortality prevention efforts are guided by the WYPQC. In FFY20, we plan to impact NPM 3 (selected as a SPM in Wyoming)--percent of VLBW infants born in a hospital with a Level III+ NICU-- by implementing the following selected strategies:

- Support the continued growth of the WYPQC
  - # of engaged stakeholders participating in the WYPQC development process
  - # of quality improvement projects implemented under the guidance of the WYPQC
- Continue to support Wyoming hospital participation in Utah ECHO projects
  - # of hospitals participating in ECHO sessions
  - Improvement from baseline assessment for participating facilities

The MCH Unit will continue to support the Maternal High Risk (MHR) and Newborn Intensive Care (NBIC) Programs to ensure high-risk pregnant women and high-risk infants have access to care coordination services and gap-filling financial assistance to enhance perinatal outcomes.

**Other Work**

*FIMR*

In FFY20, the WIHP will consider expanding FIMR efforts beyond Fremont County. The program will compile lessons learned from pilot implementation in Fremont County to update the FIMR implementation toolkit reviewed by WDH leadership and used to launch FIMR in Fremont County in 2014. The WIHPM and MCH Epidemiology Assignee will finalize the toolkit and develop/communicate a vision for FIMR expansion considering available resources, staff capacity, data support capacity, legal authority and protections, and interest from local level partners. The WIHP will work closely with the Injury and Violence Prevention Program (IVPP) to align death review efforts. Currently, the IVPP program is developing a plan to support local implementation of Child Death Reviews and is researching other death review options (e.g. suicide). All efforts will be made to assure cross-model collaboration and statewide dissemination of best practices related to death review implementation.

*Opioid Response*

The WIHP, in partnership with the WDH Public Health Preparedness and Response Unit and their Cooperative Agreement for Emergency Response: Public Health Crisis Response funding, started work on a training for healthcare providers related to safe prescribing of opioids during pregnancy and postpartum. The training, which will meet an upcoming legislative requirement for Wyoming providers to take 3 CME hours of safe prescribing training every two years, will be offered in summer 2019. The WIHP worked with partners at tertiary care facilities in Wyoming to identify potential trainers, and has engaged Dr. Kaylin Klie from Colorado Children’s Hospital, Dr. Lesley Brooks from the Northern Colorado Health Alliance, and Dr. Ryan Jackman, an Addiction Medicine

Specialist from St Mary's Family Medicine. The WIHP will continue to work with the Wyoming Medical Society, ACOG and other physicians groups to engage providers who serve pregnant women in Wyoming, to ensure the training reaches a wide audience. It will also be broadcast virtually for remote attendance, and will include CMEs for live attendees.

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## Child Health Domain

**Annual Report Fiscal Year 2018:** This section provides a summary of Federal Fiscal Year 2018 (FFY18) activities, accomplishments, and challenges related to National Performance Measures (NPMs) and State Performance Measures (SPMs) (2016-2020) for the Child Health Domain.

Priority	Performance Measure	ESM (if applicable)
Promote Preventive and Quality Care for Children	<b>NPM 6: Percent of children (10-71 months) receiving developmental screen using a parent-completed tool (National Survey of Children's Health (NSCH))</b>	<ul style="list-style-type: none"> <li>● ESM 6.3: 211 Referrals to HMG</li> <li>● ESM 6.5: # of referrals received by HMG</li> <li>● ESM 6.6: # of connections made between local services and families by HMG</li> </ul>

Developmental surveillance, screening, and observations are important in all aspects of a child's growth and development. The American Academy of Pediatrics (AAP), Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescent recommends standardized developmental screening be used at 9 months, 18 months, and 2.5-year visits. Additionally, the AAP recommends developmental screening any time concerns are identified.

In FFY18, the Child Health Program (CHP) continued to support two methods to increase developmental screening: (1) implementation of Help Me Grow (HMG) in two pilot communities and (2) training on and distribution of the Ages and Stages Questionnaire (ASQ) screening tool.

### **Strategy 1: Pilot HMG model in two counties (inactive as of June 30, 2019)**

In 2015, the national HMG model was selected to support a system-level approach to improving access to existing developmental resources and services for children through age eight, including children with special health care needs. The WDH contracted with Wyoming 211 in October 2016 to act as the centralized telephone access point for HMG. Wyoming 211 began a limited regional pilot focusing specifically on Albany and Laramie counties.

The HMG model is divided into three main areas: (1) building the infrastructure, (2) building the system; and (3) sustaining the system. During FFY18, Wyoming implementation of HMG remained in the infrastructure building phase. Fidelity assessment results showed progress in the area of developing a centralized telephone access system (at systems-building phase). Wyoming saw less significant progress in areas related to community outreach and data collection.

Four cooperative and interdependent core components characterize the HMG system model. They include centralized access point, family and community outreach, child health care provider outreach, and data collection and analysis.

Centralized telephone access is a key component of the HMG model as well as a critical component of the model for Wyoming's implementation. Seventy-six percent (76%) of Wyoming counties are designated as frontier meaning less than six people per square mile. This frontier nature requires innovative and virtual supports to link children and families to needed resources. HMG received referrals in two main ways. Referrals came through direct contact with HMG (ESM 6.5) by phone, mail, walk-in or word of mouth or as a referral from the 211 call center (ESM 6.3). Unfortunately, the number of unique contacts referred to HMG remained limited throughout the pilot. Anecdotally, we understand this may be due to the fact that the difference between HMG and 211 was difficult to understand for many stakeholders and consumers.

The HMG system relies upon strong child health care provider outreach to establish buy-in for HMG as a method for linking children and families to needed services and resources. The HMG Coordinator attempted to establish relationships with providers in both communities but outreach remained a challenge throughout the pilot project. Another clear challenge to effective outreach was turnover at both Wyoming 211 and the MCH Unit, leading to significant gaps in implementation and delayed training on the HMG model. The HMG program experienced turnover at the HMG Care Coordinator position four times between 2016 and 2019. In addition, the CHP position turned over once in 2018 and the Wyoming 211 Executive Director position changed three times. Fortunately, through key staffing changes, the key funders of the Wyoming HMG pilot remained consistent and represented the MCH Unit, Wyoming Children's Trust Fund, Wyoming Head Start Collaboration Office (Department of Workforce Services) and Wyoming Early Intervention and Education Program (Part C).

In 2018, Wyoming 211 upgraded their data system to improve data collection and reporting. Additionally, the CHP and HMG staff worked to better define the measures being collected in order to match measures with program performance and outcomes. This new data system combined with refined measures has allowed for more accurate data collection and usage. However, the numbers reported show low uptake of HMG.

As the three-year pilot neared its end, the MCH Unit met with key stakeholders as well as Wyoming 211/HMG staff to discuss progress and challenges. While current Wyoming 211 staff dedicated considerable time and effort learning the HMG model and attempting to reset, the long-term challenges outweighed the current success of the model. Identified challenges included:

- Confusion over the difference between HMG and Wyoming 211;
- Limited stakeholder understanding on how HMG fits within a complex early childhood system;
- Concern for duplication of efforts between HMG and other community services such as home visitation, early intervention, etc;

- Community push-back in pilot communities (i.e. lack of stakeholder support and buy-in); and
- Limited data on impact/value of HMG pilot project in Laramie and Albany counties.

In 2019, the MCH Unit and partner funding agencies decided to end the HMG pilot in Laramie and Albany counties effective June 30, 2019 instead of continuing the program.

### **Strategy 2: Provide ASQ Training and Tools to Wyoming providers**

Historically, the CHP provided ASQ training and resources to a wide range of partners including day care providers, child development center staff, providers, PHNs, and home visiting staff. The program identified challenges collecting data on usage of the ASQ from a diverse group of partners due to the absence of any shared or central data system. The CHP maintains little to no direct control over most sites utilizing the ASQ tool and therefore, cannot accurately report on distribution or use. The ASQ is, however, utilized by PHN in their home-visiting programs and the CHP has better access to PHN's data system. Therefore, the CHP elected to only measure the usage of the ASQ by PHNs.

The CHP maintains a commitment to providing training and support of the ASQ tool to community providers and partners. The MCH Unit does not currently have any staff certified to train on the ASQ tool but can rely on trained partners as needed. In September of 2018, the CHP partnered with HMG staff and the Wyoming Children's Trust Fund to provide ASQ training at the Wyoming Public Health Association (WPHA) annual conference. WPHA conference attendees were child care providers, child healthcare providers, and public health nurses. Additionally, the CHP and the Wyoming Children's Trust Fund supported the training of staff at the University of Wyoming Family Medicine Residency Clinic in Casper, Wyoming. The CHP provided ASQ kits and the Wyoming Children's Trust Fund provided the training needed to administer the ASQ.

### **Strategy 3: Increase the availability and quality of vision screening training (inactive as of October 1, 2018)**

In 2018, the University of Wyoming's Wyoming Institute for Disabilities (WIND), a University Center for Excellence in Developmental Disabilities, completed a multi-year project which developed a comprehensive child vision screening training program to support the Wyoming Vision Collaborative. Through this joint relationship, a well established high-quality virtual learning environment was created to support the long-term training and support of child vision screeners across Wyoming.

### **Strategy 4: Promote lead screening**

In Fall 2018, the Wyoming Department of Environmental Quality (DEQ) applied for and received a Water Infrastructure Improvements for the Nation Act (WIIN Act) Grant: Lead Testing in School and Child Care Program Drinking Water. The grant creates a voluntary program to assist with testing for lead in drinking water at schools and child

care programs. WDH staff (including State Health Officer and representatives from Wyoming Public Health Laboratory, MCH Unit, Wyoming Medicaid, WIC, and PHN) will partner with DEQ, schools, and child care centers to support this grant initiative, as needed. In addition, WDH representatives formed a workgroup to discuss strategies to improve lead screening and surveillance data, community and provider education, and public health response to lead exposure. Next steps include recruiting provider champions to support this initiative.

Priority	Performance Measure	ESM (if applicable)
<b>Prevent Childhood Obesity</b>	<b>SPM 5: Percent of children (6-11 years) who are physically active at least 60 minutes per day (NSCH)</b>	N/A

The prevention of childhood obesity was selected as a Wyoming priority for 2016-2020. Physical activity remains the key strategy to reduce childhood obesity.

In FFY18, the CHP transitioned NPM 8--percent of children (6-11 years) who are physically active at least 60 minutes per day (NSCH) into SPM 5. This change was made at the encouragement of Title V reviewers who acknowledged the MCH Unit was focusing on too many strategies with limited resources.

**Strategy 1: Partner with the Wyoming Chronic Disease Program to implement evidence based prevention strategies in early childhood facilities and schools**

The CHP partnered with the Wyoming Chronic Disease Prevention Program (CDPP) to support the Comprehensive School Physical Activity Program (CSPAP). During FFY18, Title V funds supported training of 118 secondary education teachers across the state. Thirty-three training participants represented schools on the Wind River Indian Reservation serving both the Northern Arapaho and Eastern Shoshone tribal nations. CSPAP reached an estimated total potential population of 3,186 Wyoming children in FY18 based upon the average class size of twenty-seven (27) students per Wyoming secondary education classroom.

The CHP partnered with the Wyoming Chronic Disease Prevention Program (CDPP) to support a contract with the University of Wyoming Cent\$ible Nutrition Program to support training of Cent\$ible Nutrition Educators (CNE). This activity was part of the Centers for Disease Control and Prevention (CDC) and Nemours Children’s Health System, Let’s Move initiative. The work brought together partners from the WDH, Workforce Services, Family Services, Education, and the University of Wyoming Cent\$ible Nutrition Program. At the end of this 18-month project, national trainers from Nemours Children’s Health System supported by CDC were able to certify forty-five (45) University of Wyoming Extension service, nutrition educators (CNE) as child obesity

prevention educators. These CNE's represent all twenty-three (23) Wyoming counties as well as both Tribal nations on the Wind River Indian Reservation.

Over the past several years, CDPP implemented nutrition and physical activity promotion efforts in early childhood settings. In FFY18 the CDPP received zero funding to address childhood obesity or to target children 0-18. As a result of the CDPP's loss of targeted funding to address children 0-18, the CHP adjusted strategies to fill an important gap. The CHP partnered with the Head Start State Collaboration Office to develop a Wyoming Healthy Policies Toolkit targeting early childcare centers, Head Starts, Early Head Starts, licensed childcare providers, and elementary schools. This tool kit will incorporate evidence-based policy recommendations and will be distributed soon.

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## Child Health Domain

**Application Year Plan (FFY20):** This section presents strategies/activities for 2016-2020 MCH priorities related to Child Health. See Five-Year State Action Plan Table for more information.

Priority	Performance Measure	ESM (if applicable)
<b>Promote Preventive and Quality Care for Children</b>	<b>NPM 6: Percent of children (10-71 months) receiving developmental screen using a parent-completed tool (National Survey of Children's Health (NSCH))</b>	<ul style="list-style-type: none"> <li>ESM 6.7: # of providers trained on Bright Futures</li> </ul>

In FFY20, the Child Health Program (CHP) will continue to impact NPM 6--the percent of children (10-71 months) receiving a developmental screen using a parent-completed tool by implementing the following strategies:

1. The CHP will use FFY20 to convene key statewide stakeholders within the Wyoming early childhood system to include the WDH, Wyoming Department of Workforce Services, Wyoming Department of Family Services, Wyoming Department of Education, University of Wyoming, Wyoming Children's Trust Fund, and Wyoming Kids First to define the early childhood system, identify duplicate and complementary services, and identify gaps in available services. This effort will reduce the fragmentation within the early childhood system and strengthen system partner relationships. The MCH Unit recently requested technical assistance from the MCH Workforce Development Center to accomplish this work. The goals for this project are:
  - a. Develop a shared vision for delivering high-quality services to children and families.
  - b. Create a unified mission statement.
  - c. Convene regularly to assess gaps and barriers.
  - d. Develop common messaging.
  - e. Set measurable short and intermediate strategic goals.
  - f. Create a tool for evaluating success.
2. The CHP will support the work of the Wyoming Home Visiting Network and will provide technical assistance and education as needed to members of the network on developmental screening and developmental monitoring to include education on the importance of parent-completed screening tools.
3. The CHP will support the Wyoming Maternal, Infant and Early Childhood Home Visiting program (MIECHV) grantee Parents as Teachers National Center

(PATNC) in the completion of a comprehensive early childhood systems map to support both the Title V and MIECHV needs assessments and five-year strategic plan.

4. The CHP will collaborate with Wyoming Medicaid and other partners to expand the education of providers on the American Academy of Pediatrics (AAP) Bright Futures guidelines (4th ed.) as part of efforts to improve access to and quality of Early and Periodic Screening, Diagnosis and Treatment (EPSDT)/well-visits.
5. The CHPM and the MCH Unit Manger will continue to participate in a multidisciplinary workgroup focused upon improving lead screening rates.

Priority	Performance Measure	ESM (if applicable)
<b>Prevent Childhood Obesity</b>	<b>SPM 5: Percent of children (6-11 years) who are physically active at least 60 minutes per day (NSCH)</b>	N/A

In FFY20, the CHP will continue to impact SPM 5: Percent of children (6-11 years) who are physically active at least 60 minutes per day by implementing the following strategies:

1. Work with the Head Start State Collaboration Office to distribute and promote a Wyoming Health Policies Toolkit targeting early childcare centers, Head Starts, Early Head Starts, licensed childcare providers, and elementary schools.
2. Work closely with the CDPP to identify needs, gaps, and challenges related to childhood obesity prevention as part of the MCH Needs Assessment.

Priority	Performance Measure	ESM (if applicable)
<b>Prevent Injury in Children</b>	<b>SPM 2: Rate of hospitalization for (non-fatal) injury per 100,000 children (1-11 yrs) (Wyoming Hospital Discharge Data)*</b>	N/A

*\* The CHP and MCH Epidemiology Program will also track NPM 7.1 and NPM 7.2 in FFY20 due to a change in program strategy to focus on childhood injury prevention for ages 0-19.*

The CHP plans to impact the Wyoming SPM--injury rate of hospitalization for (non-fatal) injury per 100,000 children (1-11 years)--by implementing the following selected strategies:

1. The CHP and YAYAHP established a community mini-grant program to address the leading causes of injury/hospitalizations in Wyoming children age 0 to 18 years. Each community selected for this mini-grant demonstrated a data-informed need to address selected injury topics. This mini-grant will support nine applicants across Wyoming in implementing or sustaining work related to child passenger safety, teen driver safety, infant safe sleep, prescription drug management programs, and adolescent suicide.

Nine community-based applicants have been selected for this grant program. Below are the anticipated recipients and the topic selected:

- Youth Emergency Services of Campbell County (adolescent suicide prevention)
- Campbell County School District (adolescent suicide prevention)
- Cheyenne Regional Medical Center (prescription drug monitoring system)
- Cheyenne Regional Medical Center (child passenger safety, water safety)
- Park County Wyoming (child passenger safety)
- Johnson County Wyoming (child passenger safety, safe sleep)
- Uinta County Wyoming (safe sleep, child passenger safety, medication safety, water safety)
- JDavis Consulting (safe sleep)
- Wyoming Highway Patrol (teen driver safety)

The CHP and YAYAHP prioritized the selection of applicants who identified system or environmental level approaches and incorporated social determinants of health into the identification of need in order to positively impact their identified populations. Additionally, the MCH Unit is committed to providing technical assistance to each of the grant recipients and will support the implementation of sustainable evidence-based strategies.

2. Continue participation in the Child Safety Learning Collaborative (CSLC), through the Child Safety Network (CSN), to focus efforts to reduce fatal and serious injuries among infants, children, and adolescents. This learning collaborative allows for the MCH Unit to receive targeted technical assistance, multi-state partnership and peer support in two injury topic areas: Suicide & Self-Harm Prevention (SSHP) and Motor Vehicle Traffic Safety (Child Passenger and Teen Driver/Passenger) (MVTSS). This collaborative will leverage existing partnerships between the MCH Unit, WIVPP, the Wyoming Department of Transportation, Wyoming Students against Destructive Decisions, and Public Health Nursing. This learning collaborative will also identify and strengthen new partnerships. With 76% of Wyoming considered as frontier, the MCH Unit is dependant on local partnerships in order to effect change. The learning collaborative is identifying community partners who are engaging with their communities such as the Wyoming Chapter of Students Against Destructive Decisions (SADD). SADD has a physical presence in schools across the state and is able to support the implementation of evidence-based strategies and interventions

directly targeting school-aged children and adolescents. In much the same way the Wyoming Highway Patrol have resident Troopers stationed in virtually every community in Wyoming and to support the needs of their respective communities. By partnering with and supporting these community-based partners, we can expand the reach of our injury prevention strategies in a way that is relevant and responsive to community needs.

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## Adolescent Health Domain

**Annual Report Fiscal Year 2018:** This section provides a summary of Federal Fiscal Year 2018 (FFY18) activities, accomplishments, and challenges related to National Performance Measures (NPMs) and State Performance Measures (SPMs) (2016-2020) for the Adolescent Health Domain.

Priority	Performance Measure	ESM (if applicable)
Promote Preventive and Quality Care for Adolescents	NPM 10: Percent of adolescents with a preventive services visit in the last year (National Survey of Children's Health (NSCH))	# QI cycles completed by participating practices

### Strategy 1: Implement Adolescent Centered Environment Assessment Process in Wyoming clinics to improve adolescent friendly environment.

In 2017, Wyoming joined the Association of Maternal and Child Health Programs (AMCHP) Adolescent and Young Adult Health Collaborative Improvement and Innovation Network (AYAH CollN) with the Wyoming Primary Care Association serving as the fiscal agent for the project. Key team members attended an in-person AYAH CollN Summit in May 2017 to learn best practices from leading experts in the field of adolescent health and began developing a master action plan. Implementation of the action plan continued into FFY18 and FFY19.

The YAYAHP identified the Adolescent Centered Environment Assessment Process (ACE-AP) from the University of Michigan as a strategy to improve the quality of the adolescent clinical environment with a long-term goal of increasing well-visits among youth and young adults. The ACE-AP is a facilitated, comprehensive self-assessment and guided improvement process that includes customized resources, recommendations, technical assistance (TA), and implementation plans using Plan, Do, Study, Act (PDSA) improvement cycles. The ACE-AP addresses the following 12 key areas of adolescent-centered care:

- Access to Care
- Adolescent Appropriate Environment
- Confidentiality
- Best Practices & Standards of Care
- Reproductive & Sexual Health
- Behavioral Health
- Nutritional Health
- Cultural Responsiveness
- Staff Attitudes & Respectful Treatment
- Adolescent Engagement & Empowerment

- Parent Engagement
- Outreach & Marketing

In late 2017, a 'clinic environment workgroup' of the Wyoming AYAH ColIN team drafted a Request for Application (RFA) to recruit pilot clinics to implement the ACE-AP model. Wyoming Medicaid provided rates of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visits compared to primary care visits for all Wyoming clinics. Review of this data informed the RFA outreach and distribution plan. Clinics with low rates of EPSDT visits compared to primary care visits were contacted directly and encouraged to apply. In December 2017, the YAYAHP released the pilot clinic mini-grant RFA. Four clinics applied and a review committee selected all four to participate. The four participating clinics are Lander Medical Clinic, University of Wyoming Family Medicine Residency Program, Laramie Pediatrics, and Casper Children's Center. The clinics completed a baseline self-assessment of their organization's environment, policies and practices related to youth-friendly services to identify opportunities for improvement and met with the University of Michigan monthly to identify and implement quality improvement initiatives. Each clinic also received up to \$1,500 to implement a change within their clinic to become more adolescent friendly (e.g. iPads for completion of adolescent screening tools, privacy screens for check-in, youth-friendly posters and materials). To assure ongoing quality improvement and evaluation, each clinic collected patient satisfaction surveys from all youth and young adults ages 10-25 years visiting their clinic. Final data for this project will be available for FFY19 reporting.

One common need identified across all four ACE-AP pilot clinics was information and guidance related to adolescent consent and confidentiality. Through the AMCHP AYAH ColIN project, the Center for Adolescent Health and the Law developed consent and confidentiality guides for all participating ColIN states. The guides will be released in 2019. In addition, the University of Michigan plans to summarize consent and confidentiality laws in a handout for participating clinics.

In August of 2018, the YAYAHPM attended the AYAH ColIN close out meeting in Washington, D. C. to network and collaborate with other states and partners, discuss challenges and successes, and further develop a sustainability plan with resources from AMCHP and the National Resource Center. Following the close out meeting, the Wyoming AYAH ColIN team conducted a site visit in Cheyenne, Wyoming facilitated by the director of the State Adolescent Health Resource Center. Representatives from the MCH Unit, pilot clinics, Medicaid, Kid Care CHIP (Children's Health Insurance Program), WDH Public Health Division, Wyoming Family Voices, WY-AAP (Wyoming American Academy of Pediatrics), WYPCA (Wyoming Primary Care Association), and Optum (Medicaid contractor) attended. The goal of the meeting was to take stock of current efforts, align goals, and discuss next steps.

In FFY17, a 'consumer education workgroup' of the AYAH ColIN developed two surveys for youth and young adults and their parents/caregivers. The survey seeks to collect youth and parent views about well visits (e.g. barriers, knowledge about well visits) in order to inform future well visit promotion efforts. Data from 50 parents/caregiver

surveys was used to inform program efforts, promotional campaigns, and educational materials developed to increase well-visits. The YAYAHPM plans to administer a survey to youth/young adults in Fall 2019 to further inform program efforts.

One of the key challenges of this project is maintaining engagement of a large and diverse team of stakeholders. The YAYAHPM keeps all members of the larger team engaged through frequent e-mail communication and in-person meetings as appropriate.

### **Strategy 2: Send well-visit reminders to Children's Special Health (CSH) Program clients**

CSH program staff continue to send enrolled clients (and their families) reminders about the importance of attending annual well visits. A requirement of the CSH program is that clients have a primary care provider in addition to the specialists needed to care for the child or adolescent's special health need(s). This aligns with medical home recommendations. State and local staff provide ongoing care coordination for enrolled clients and their families and work to identify a local primary care provider in cases where a family may not have one or needs a new provider.

### **Strategy 3: Develop statewide youth council to ensure youth voices are included in decisions related to program development, implementation, and evaluation.**

The YAYAHP seeks to promote youth voice in the development of strategies and products, and development of a statewide youth council will bring youth voices and experience together with health programs, promoting success, increased youth engagement, and quality improvement. In Fall 2018, YAYAHPM partnered with a MCH Unit intern to research best practices related to youth engagement and review previous WDH plans to launch a statewide youth council. The YAYAHPM developed a framework for the youth council and released a RFA in 2019. The key deliverables included:

- Establish, coordinate, and facilitate statewide youth council
- Recruit members across the state
- Create supportive guidelines and documents for council (ie. application, agreements/expectations, code of conduct, council description/informational letter)
- Work with youth to provide feedback on WDH program materials and implementation as "outlined" by the YAYAHPM
- Work with YAYAHPM to provide training on public health, social determinants of health, and the social ecological model
- Promote youth involvement in relevant topics (ie. youth suicide, bullying, eating disorders, vaping, etc)
- Plan and create youth council agendas and materials
- Attend and facilitate council meetings (encourage and promote youth facilitation and involvement)

- Manage all youth council communication to include drafting e-mails to be distributed to council members on updates, clarifications, upcoming meetings and events, and data reminders-can be in conjunction with council members
- Work with YAYAHPM to provide positive youth development training for youth and adults working with youth
- Regularly communicate with youth and young adults to ensure ongoing collaboration and information sharing on best practices and emerging issues related to youth and young adults (12-24) in Wyoming and other states
- Provide leadership/professional development/social opportunities for youth
- Coordinate ongoing recruitment to promote sustainability
- Manage member leadership roles/responsibilities (ie social media, secretary, chair, etc.)
- Share volunteer opportunities
- Coordinate reimbursements for youth council members

A review team is currently reviewing applications. A contract for youth council activities will be in place before FFY20 begins.

<b>Priority</b>	<b>Performance Measure</b>	<b>ESM (if applicable)</b>
<b>Promote Preventive and Quality Care for Adolescents</b>	<b>NPM 12: Percent of adolescents with special health care needs who received services necessary to make transitions to adult health care (NSCH)</b>	# of parent or youth completed transition readiness assessments completed by PHN in CSH program

*See CSHCN Annual Report.*

<b>Priority</b>	<b>Performance Measure</b>	<b>ESM (if applicable)</b>
<b>Promote Healthy and Safe Relationships for Adolescents</b>	<b>SPM: Percent of high schoolers reporting 0 occasions of alcohol use in past 30 days (Prevention Needs Assessment (PNA))</b>	N/A

The “Promote Healthy and Safe Relationships” priority was identified due to Wyoming’s high teen birth rate, early initiation of sexual activity, incidence of teen dating violence, and alcohol and drug use prior to sexual activity. Most of these activities were measured on the Youth Risk Behavior Surveillance System (YRBSS). In 2016, the Wyoming State Legislature eliminated the YRBSS in Wyoming. There is no longer an effective, statewide measure of youth sexual behavior. However, Wyoming does have a statewide

survey called the Prevention Needs Assessment which includes questions about alcohol and drug use.

In 2017, the YAYAHPM identified Communities that Care (CTC) as the primary strategy to address this state priority need and State Performance Measure (SPM). CTC is an evidence-based framework that uses prevention science to increase protective factors in communities. Youth from CTC communities are more likely to delay initiation of alcohol and tobacco use. Program staff held multiple exploratory calls with the University of Washington between Fall 2017 and early 2018 about possible implementation in Wyoming. In addition, the YAYAHPM worked to inform all stakeholders about the framework as well as gain momentum for applying this framework. Due to staff turnover, lack of stakeholder buy-in, and sustainability concerns, plans were suspended in Spring 2018. The most significant barrier of CTC implementation was the requirement that local implementing agency staff dedicate at least .5 FTE to the CTC model. Local infrastructure and project funding was insufficient to meet this requirement.

In Fall 2018, the decision was made to use the Collective Impact Model to address this state priority instead of CTC. Collective Impact is the commitment of a group of individuals from different sectors to a common agenda for solving a specific problem, using a structured form of collaboration. It 1) establishes shared measurement, 2) fosters mutually reinforcing activities, 3) encourages continuous communication, and 4) has a strong backbone. The new YAYAHPM attended trainings/conferences on collective impact, protective factors, and adverse childhood experiences (ACES) to build capacity to increase protective factors as a strategy for promoting healthy and safe relationships in communities.

The following strategies related to this priority are funded with Title V, Rape Prevention and Education (RPE) Program and Preventive Health and Health Services (PHHS) Block Grant funds.

**Strategy 1: Support Rape Prevention and Education (RPE) Program pilot communities to implement primary sexual assault prevention strategies using a collective impact model.**

The YAYAHPM is the RPE Project Director, and the MCH Epidemiology Program provides evaluation and data support for the RPE program. MCH contracts with the Wyoming Coalition Against Domestic Violence and Sexual Assault (WCADVSA) to complete the work of the RPE grant in Wyoming communities. The target audience for this work is adolescents ages 12-24. Historically, three pilot communities were funded through this grant to conduct primary prevention in their local communities with a shared risk and protective factors approach. In Fall 2018, the decision was made to fund two pilot communities, as the third community successfully completed a community-level strategy, partnering with the local chamber of commerce, reaching 10,000 people. Some examples of programming implemented in the pilot communities include Coaching Boys into Men and Athletes as Leaders, which teach participants about

healthy masculinity and how to be leaders in creating cultures of safety and respect. The connected risk and protective factor approach allows the program to implement strategies that will improve the overall environments for adolescents in Wyoming rather than looking at sexual violence in a silo. By leveraging Title V and RPE funds, we expect to see a broader impact on youth and young adult health outcomes.

**Strategy 2: Build statewide capacity for sexual violence prevention among youth and young adults through the Wyoming Sexual Violence Prevention Council (WSVPC).**

The YAYAHPM and MCH/Injury Epidemiologist serve as steering committee members of the WSVPC. The council was developed to increase effectiveness of violence prevention efforts statewide. The WSVPC underwent strategic planning including a revision of the vision, mission and core values. In addition, three workgroups of this committee were identified in addition to the Steering Committee. They include the Policy and Legislation work group; the Education, Training and Outreach workgroup; and the College Sexual Violence Prevention work group. These work groups continued to develop strategic goals and work towards statewide shared collective impact efforts for sexual violence prevention. In January 2018, the WSVPC held an in-person meeting which brought together council members, key stakeholders, and local media. One of the goals of this meeting was to promote the work of the RPE pilot communities and the WSVPC to key stakeholders and the public. Several news organizations picked up the event and ran stories about the work done by the WSVPC as well as the RPE pilot communities. With a focus on community/societal level strategies, FFY18 brought about a slight shift to the work of the council. The council is currently clarifying goals and strategies that support the collective impact framework in Wyoming sexual violence prevention work.

**Strategy 3: Implement comprehensive sexual education curriculum which includes content on reducing risky behaviors (e.g. alcohol use).**

The YAYAHPM is the WyPREP Project Director and partners with the Communicable Disease Unit (CDU) to manage and implement the WyPREP. WyPREP provides training, curricula, and support for implementation of evidence-based, medically accurate curriculum in school and community-based settings. In FFY18, contracts with nine organizations were active; six school districts, two youth in out of home care facilities, and Wyoming Institute for Disabilities. In every community that contracts to implement WyPREP, a team of people are identified to support the implementation. This team includes: school health/physical education staff, school nurses, school counselors, public health and/or Title X nurses, and domestic violence/sexual assault program staff. This team supports the implementation and also provides a contact for youth in their community. Starting in the 2017-2018 school year to present, WyPREP reached over 800 Wyoming youth. The YAYAHPM partners with the MCH Epidemiology Program for evaluation of the WyPREP program. Each location is provided with a report card detailing the data from their students each school year. A statewide report card is produced for publication and shared with the public and policymakers. From the 2017-

2018 school year to present, over half of all WyPREP participants stated that they were much more likely or somewhat more likely to delay initiation of sexual intercourse in the six months following the program.

Wyoming was selected to participate in the 2018 Centers for Disease Control and Prevention (CDC) & Harvard School of Public Health Maternal and Child Health Program Evaluation Practicum to evaluate WyPREP. Program staff from MCH, MCH Epidemiology, CDU, and the CDC MCH-Epidemiology Assignee participated in a week long training and workshop in January 2018 followed by a week in Wyoming working with two students to develop a comprehensive evaluation plan of the WyPREP program. The evaluation plan was two pronged in nature and looked to evaluate both fidelity to the model of WyPREP programming and the impacts of the program within the local communities where it is implemented. Based on evaluation findings, there have been several program improvements. Site visits have been implemented to monitor fidelity and provide feedback to facilitators. The WyPREP has improved fidelity monitoring by ensuring all facilitators are trained by WDH staff trainers. Training opportunities have been made available and refresher trainings continue to be offered to troubleshoot issues and provide reporting information/updates. WDH WyPREP staff are also available to provide technical assistance throughout the year.

**Strategy 4: Develop statewide youth council to ensure youth voices are included in decisions related to program development, implementation, and evaluation.**

*See Strategy 3 for Promote Preventive and Quality Care for Adolescents priority above.*

**Other YAYAHP Activities:**

***YAYAHP Partnership Development***

New in her role, the YAYAHPM worked to develop/build partnerships with many youth serving organizations, other WDH programs, and within other agencies to increase the effectiveness of YAYAH programming. Partnerships include:

- Wyoming Equality
- Boys and Girls Clubs of Cheyenne
- Students Against Destructive Decisions (SADD)
- Wyoming Children's Trust Fund
- Wyoming Department of Education
- Behavioral Health Division (WDH)

**Wyoming College Consortium**

In FFY17, planning for the Wyoming College Consortium continued with the College Sexual Violence Prevention work group comprised of staff from WDH, WCADVSA, and University of Wyoming. A campus needs assessment was developed by this team and distributed to all Wyoming institutions of higher education. Eight (out of nine) community colleges and the University of Wyoming responded to the survey (90% response rate). Data from the survey included availability of sexual violence prevention and response on campus, infrastructure around Title IX and Clery Act requirements, and technical

assistance needs. MCH Epidemiology analyzed the results and prepared a summary presentation which was used to inform preparations for the College Consortium in-person meeting as well as inform schools of the current state of Wyoming institutions of higher education regarding these issues. The inaugural Wyoming College Consortium meeting was held in December 2017 co-facilitated by the YAYAHPM with participation from WCADVSA, MCH Epidemiology and six institutions from across the State.

In FFY2017, the University of Wyoming implemented an inaugural campus climate survey. The survey included several questions about experiences related to safe and healthy relationships among young adults both on campus and prior to attending school. Although this represents only a specific subset of the youth and young adult population, it will be a valuable new resource available to Wyoming MCH Unit to fill in gaps for monitoring the health of young adults in Wyoming regarding safe and healthy relationship.

From FFY18 to present, the YAYAHP and the WCADVSA have worked to ensure primary sexual violence prevention information is shared with all institutions of higher learning and technical assistance is provided. In August 2019, a joint meeting will be held for pilot communities, campus consortium members, and council members to encourage the collective impact model and identify specific strategies to implement that impact the community/societal level.

***Emerging Topic: Youth Suicide Prevention***

The YAYAHP, Child Health Program, and Injury and Violence Prevention Program joined the Child Safety Learning Collaborative (CSLC), through the Child Safety Network (CSN), to focus efforts to reduce fatal and serious injuries among infants, children, and adolescents by building and improving partnerships and implementing and spreading best practices, especially among the most vulnerable populations. Upon review of available data and capacity, the team selected Suicide & Self-Harm Prevention (SSHP) and Motor Vehicle Traffic Safety (Child Passenger and Teen Driver/Passenger) (MVTS) as CSLC topic areas of focus for Wyoming. The YAYAHPM took lead on the SSHP topic while the Child Health Program Manager leads MVTS.

The YAYAHP also partnered with the WIVPP to apply for the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program. The purpose of the program is to support states and tribes with implementing youth suicide prevention and early intervention strategies in schools, educational institutions, juvenile justice systems, substance use programs, mental health programs, foster care systems, and other child and youth-serving organizations. It is expected that this program will: (1) increase the number of youth-serving organizations who are able to identify and refer youth at risk of suicide; (2) increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and (3) improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units.

## Adolescent Health Domain

**Application Year Plan (FFY20):** This section presents strategies/activities for 2016-2020 MCH priorities related to Adolescent Health. See Five-Year State Action Plan Table for more information.

Priority	Performance Measure	ESM (if applicable)
<b>Promote Preventive and Quality Care for Adolescents</b>	<b>NPM 10: Percent of adolescents with a preventive services visit in the last year (National Survey of Children's Health (NSCH))</b>	# QI cycles completed by participating practices

In FFY20, the Youth and Young Adult Health Program (YAYAHP) will implement the following strategies to address NPM10 within the Promote Preventive and Quality Care for Adolescents priority:

1. The YAYAHP will continue to work with statewide stakeholders to promote adolescent and young adult well-visits in Wyoming. This work will include identifying current barriers to well-visits from many different perspectives including system, clinic, provider, and consumer perspectives.
2. The YAYAHP will complete Request for Application (RFA) process and selection for clinics and will extend the contract with the University of Michigan for the new cohort of up to four clinics to implement the Adolescent Centered Environment (ACE)-AP model. The University of Michigan will provide technical assistance on youth friendliness and the incorporation of elements of Bright Futures into practice within selected clinics. Work will be measured by ESM 10.2: # QI cycles completed by participating practices. A QI cycle is defined as the 18 month period of the ACE assessment process on one identified topic.
3. The YAYAHP will increase youth engagement and promote youth voice in the development of strategies and products by contracting out for the State of Wyoming Youth Council Coordinator position.
4. The YAYAHP will continue to promote enhanced provider engagement. A new partnership with the Wyoming Immunizations Unit will support this strategy.

Priority	Performance Measure	ESM (if applicable)
<b>Promote Preventive and Quality Care for Adolescents</b>	<b>NPM 12: Percent of adolescents with special health care needs who received services necessary to make</b>	# of parent or youth completed transition readiness assessments completed by PHN in CSH program

	<b>transitions to adult health care (NSCH)</b>	
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**See CSHCN Application.**

<b>Priority</b>	<b>Performance Measure</b>	<b>ESM (if applicable)</b>
<b>Promote Healthy and Safe Relationships for Adolescents</b>	<b>SPM: Percent of high schoolers reporting 0 occasions of alcohol use in past 30 days (Prevention Needs Assessment (PNA))</b>	N/A

In FFY20, the YAYAHP will implement the following strategies to address SPM4 within the Promote Health and Safe Relationships for Adolescents priority:

1. Complete Request for Application (RFA) process and selection for Rape Prevention and Education (RPE) Program to support community/societal level work;
2. Continue to build statewide capacity for sexual violence prevention among youth and young adults through the Wyoming Sexual Violence Prevention Council;
3. Continue to increase the number of communities implementing Wyoming Personal Responsibility Education Program (WyPREP) curriculum and provide technical assistance and support;
4. Continue efforts to integrate messages about healthy sexuality and sexual violence prevention. This will be done by integrating affirmative consent training with WyPREP facilitator trainings and implementing strategies that support healthy sexuality and sexual violence prevention.
5. Continue quality improvement on WyPREP program evaluation;
6. Continue to build/improve relationships with stakeholders to engage youth; and
7. Contract with entity to coordinate statewide youth council.

## CSHCN Domain

**Annual Report Fiscal Year 2018:** This section provides a summary of Federal Fiscal Year 2018 (FFY18) activities, accomplishments, and challenges related to National Performance Measures (NPMs) and State Performance Measures (SPMs) (2016-2020) for the Children with Special Health Care Needs (CSHCN) Domain. All Maternal and Child Health (MCH) Unit programs (Women and Infant Health, Child Health, Youth and Young Adult Health, and Children's Special Health (CSH)) support efforts within this Domain.

Priority	Performance Measure	ESM (if applicable)
Promote Preventive and Quality Care for Children and Adolescents	SPM 7 (formerly NPM 11): Percent of children with and without special health care needs having a medical home (NSCH)	N/A

In 2016, 51.9% of children (ages 0-17) without special health care needs had a medical home and 53.1% of children (ages 0-17) with special health care needs had a medical home.

As the Child Health Program (CHP) and MCH Epidemiology Program evaluated available medical home data, potential disparities were observed:

- **Income:** Of families whose income is greater than 400% of poverty level, 61.9% report having a medical home, while for those at less than 100% of poverty level, only 42.1% report having a medical home. This difference is not statistically significant.
- **Race/Ethnicity:** The new one-year state National Survey of Children's Health (NSCH) estimates are not stable enough to provide comparison by race and ethnicity in Wyoming. However, previous year's data indicated that 64.2% of white children report having a medical home, compared to only 43% of Hispanic children.

### **Strategy 1: Support the Parent Partner Project in health care settings**

The Wyoming Parent Partner Program (PPP) began in Wyoming approximately seven years ago as a partnership between the MCH Unit, the Mountain States Genetics Regional Collaborative (MSGRC, now the Mountain States Regional Genetics Network) and the Hali Project. This evidence-informed program helps medical homes identify and hire a parent within their practice that has a child with special health care needs. These parents, called Parent Partners, are on staff approximately 16 hours a week when the provider is seeing CSHCN clients. The Parent Partner works as a peer mentor to support the families and provide many of the elements of patient centered medical home.

The Child Health Program Manager (CHPM) tracks the number of unique families served by the Wyoming PPP. During FFY2018, the PPP served 189 unique families and unique 233 children. Parent Partners serve clinics in Cheyenne, Casper, Riverton, and the F.E. Warren Air Force Base (Cheyenne, Wyoming).

### **Additional Strategies:**

#### *Medical Home Promotion for CSH clients*

Public Health Nurses (PHNs) educate Children's Special Health (CSH) clients and families about the importance of a medical home. CSH families are strongly encouraged to select a medical home and follow up on all well-visit checks. Due to the rural and frontier nature of Wyoming, many families lack access to a true medical home. In these cases, PHNs and the CSH program encourage and support families in identifying and establishing relationships with their child's primary care provider. Appointment letters are sent to families and providers according to the periodicity schedule reminding them when a well-visit is due. As an enclosure with the parent's appointment letter, we are including the Parent FAQ Sheet developed by the Adolescent & Young Adult Health (AYAH) Center for all youth ages 11 to 18.

#### *Promotion of Telehealth Services*

In addition to access to Medical Homes, MCH is interested in improving general access to care across our frontier state. One effort to increase access to care is a partnership between the WDH and the University of Wyoming to expand telehealth services. HIPAA-compliant Zoom licenses and technical assistance were given to healthcare providers (clinics, hospitals, independent providers, etc.) who wished to begin telehealth services or to expand their use of telehealth. As of May 2019, 372 Zoom licenses were issued through the Wyoming Telehealth Network (WyTN). This includes 30 PHN offices and 19 Women, Infants & Children (WIC) offices.

#### *Genetics Services and Telehealth*

Wyoming has long offered genetics services for Wyoming families, in an effort to fill the gap left by an absence of genetics providers in Wyoming. The previous model held up to 25 in-person clinics throughout the state. In 2017, the MCH Unit convened stakeholders from PHN, Rural and Frontier Health Unit, and University of Utah to plan a Wyoming telehealth genetics pilot project. By using a telehealth follow-up model, the WDH could prioritize funding and reduce overall costs for genetics services, while still offering this critical service to families dealing with genetic-related issues. This partnership includes the WDH, the Wyoming Institute for Disabilities (University of Wyoming), and the Division of Medical Genetics, Department of Pediatrics (University of Utah).

The first two telehealth genetics clinics launched in early 2018 in two Wyoming locations, Casper (Natrona County) and Cheyenne (Laramie County); communities selected for their high volume of patient referrals and central locations in the state. While initial visits will always be in person, Wyoming families will now be able to obtain

follow-up genetic services via telehealth. Additionally, under the new model, the WDH anticipates an annual cost savings of close to 75%.

An evaluation of the new program was launched in early 2018, including both quantitative and qualitative data collection. A complete report about the results of this evaluation is available upon request. A summary of key findings follows.

Phase 1, the quantitative portion of the evaluation, asked three key questions: 1) Who are we currently serving? 2) What would happen if there were no Wyoming genetic clinics? 3) Is telemedicine an acceptable option for patients and providers?

As of December 31, 2018 Wyoming Genetic Program enrolled 69 clients with services provided to 63 individuals. Of these, 24 patients had a telehealth visit.

Clients enrolled in the program (n=69) averaged 10 years of age, with a range from birth to 45 years. The majority (74%) were enrolled in Wyoming Medicaid. Sixty-six percent (66%) resided in medically underserved areas and 70% of parents, caregivers, or adult patients reported educational levels of high school graduation or less. Over 60% reported that they had to take time off work or school for the appointment. Patient services were split between two sites; Laramie County (Cheyenne) with 58% of the patients and Natrona County (Casper) with 42% of the patients. Most patients (85%) had not tried to get genetic services elsewhere. Denver or Salt Lake City were most often cited as options for genetic services however both require long waits, with Denver scheduling approximately 18 months out.

All patients (whether they received an in-person visits or telehealth visit) completed a post-visit survey. Those receiving telehealth services (n=24) felt that telegenetics made it easier for them or their child to receive services and that telemedicine was more convenient than traveling. All were satisfied with the quality of services received and said their questions were answered. It was the first time that most families had used telemedicine.

Phase 2 and Phase 3 of the evaluation interviewed front-line providers (front desk clerks, public health nurses, consulting physicians) about their experience with the Wyoming Genetic Telehealth program. While patient satisfaction, travel times, and barriers to services were important for program coordinators to understand, so too was the acceptability of telehealth to providers. Questions included how telehealth fit into their current role, whether the training that they received had been adequate, the future of telehealth in Wyoming, and suggestions for improvement of the program.

Results proved informative. Assets included excellent relationships between both public health nursing teams and the consulting providers, longer appointments for families using telehealth, and the utilization of equipment already in place at the two clinic sites. Challenges included working with families who lived outside the county, particularly in the area of medical record acquisition prior to the visit and resource referral following the visit. The public health nursing team from Natrona County (Casper) experienced

greater challenges in this area because most of the individuals scheduled at their clinic were not from their county. Laramie County (Cheyenne) had established relationships with most of their patients, resulting in fewer appointment cancellations and more complete acquisition of needed medical records at the front end. For all patients, transportation in our rural and frontier state continues to be a barrier to care.

Action steps for the Wyoming Genetic Clinic include marketing the program to local providers and providing more information for families about what a telehealth visit entails. Finally, a cluster of families residing in Fremont County (in and near the Wind River Reservation) was identified and to meet their needs, a third genetic clinic site will launch in mid-2019 in Riverton, Wyoming.

Priority	Performance Measure	ESM (if applicable)
<b>Promote Preventive and Quality Care for Children and Adolescents</b>	<b>NPM 12: Percent adolescents with and without special health care needs who received services necessary to make transitions to adult health care (NSCH)</b>	ESM 12.4 - # of completed parent or youth completed transition readiness assessments submitted by PHN to the CSH Program

In 2016, 17.9% of Wyoming adolescents with special health care needs and 14.2% of adolescents without special health care needs received the necessary services to transition to adult health care. The majority (82%) of Wyoming parents of adolescents **with** special health care needs reported that their child *did not* get the services necessary to transition to adult care.

**Strategy 1: Train Children's Special Health nurses on how to conduct a transition readiness assessment**

During Summer 2018, the CSH Program provided virtual training series for PHNs and Tribal MCH Nurses. The trainings provided information about programs, services, and resources available to families with children with special health care needs. Topics covered include Medicaid/Kid Care CHIP (State Children's Health Insurance Program) eligibility, travel assistance, Developmental Disabilities Waiver, UPLIFT (Wyoming's Family Voices affiliate), SSI, WYhealth (Case Management Program for Wyoming Medicaid), Wyoming 211, Help Me Grow, Children's Mental Health Waiver, Early Intervention and Education program (Part B and Part C), Parent Information Center (PIC), and health care transition for young adults. All trainings included a follow-up survey to better understand the utility of the information provided. In addition, all trainings were recorded and made available on a website accessible to all PHNs. CSH staff also made trainings available to Tribal MCH nurses serving CSH clients on Wind River Indian Reservation. Nurses in at least three counties requested additional CSH orientation/training following the web series. A CSH Benefits and Eligibility Specialist implemented in-person training with new nurses as a result of this request.

Transition from pediatric to adult health care for youth with and without special health care needs was identified as a priority for the YAYAHP and CSH Program. Both programs partnered to develop a training on adolescent transition for PHNs and Tribal MCH Nurses who provide CSH care coordination services to children and youth with special health care needs. The training was offered in September 2018 and recorded for ongoing use for current and new nurses.

The training reviewed definitions of health care transition, health care transition data, best practices, and how to implement newly developed tools and resources. The tools were developed by the YAYAHP and CSH program staff using Got Transition resources.

### **Strategy 2: Distribute Wyoming modified ‘Got Transition’ materials to families of youth with special health care needs served through the CSH Program**

With Wyoming’s participation in the Association of Maternal and Child Health Programs (AMCHP) Adolescent and Young Adult Health Collaborative Improvement and Innovation Network (AYAH CoIIN) and the review of the *Got Transition* materials by the CSH staff, the CSH Program and partners developed a Wyoming specific transition toolkit for PHNs to use with youth and parent/caregiver enrolled in the CSH Program. The toolkit, which includes Transition Readiness Assessments for parents/caregivers and youth, is designed to identify and respond to gaps in knowledge about health care transition and guide annual discussions with youth and parent/caregiver starting when the client turns age 14. A fact sheet containing transition issues and community contacts is also sent to CSH clients turning 18 and at age 19 and is part of the health care transition discussion the PHN has with the youth and parent/caregiver during their annual renewal.

In February 2019, the MCH Unit and MCH Epidemiology Program formally launched the implementation of health care transition assessments for youth and young adults as part of the CSH annual renewals with a strong emphasis on quality improvement. Preliminary evaluation results show that parents and youth alike appreciate learning about the importance of health care transition. Parents were also pleased and, at times surprised, when they learned that their children wanted to be involved in future health care discussions and decision-making. Finally, PHNs interviewed to-date report that discussion about health care transition adds an interesting dimension to the annual clinical visit.

Response to the CSH Transition initiative has been positive. Adrienne Tatman, RN, CLC (Sheridan County Public Health) reported *“My client’s mother thought the health care transition was very helpful and a great way to help her daughter become her own advocate. During our meeting, my client actively took part in developing her care plan. The family also expressed that their eldest would have benefited from this transition assistance and expressed gratitude it is now part of the CSH experience”*.

Another public health nurse, Lori Bickford, RN, BSN, MS (Weston County Public Health) said *“I witnessed a young teenage girl become excited about gaining independence in making her own appointments. The parent was very supportive and eager to help her learn how to do this on her own. As the nurse completing this paperwork for the first time, I felt like it was a seamless process and stimulated meaningful conversation between myself, the client and her parent.”*

Currently, the CSH Program continues to provide limited gap-filling financial assistance and care coordination services to CYSHCN and their families and to work on improving health care transition for Wyoming families of children and youth with special health care needs. The program actively served 634 CSH clients during the past fiscal year.

### **Other CSH Program Activities**

The MCH Units' overall priority of supporting continuous quality improvement of our care coordination services provided to our children with special health care needs clients and families served on our Children's Special Health (CSH) program. Internal chart audits are being conducted to ensure uniform compliance is happening and learn ways to improve.

In 2018, program staff updated the CSH program brochure to better inform our clients and providers of the benefits of enrollment in our Children's Special Health (CSH) program. Programs highlighted in our brochure include CSH (children with special health care needs), Maternal High Risk, Newborn Intensive Care and Genetics Clinic services.

The MCH Unit collaborates with Wyoming Medicaid to offer emergency travel assistance to alleviate barriers to receiving care with out-of-state specialists.

CSH Benefits and Eligibility Specialists (BES) each maintain a desk manual. In late 2017, CSH staff began developing a comprehensive desk manual for all staff to promote uniform adherence to procedures and for succession planning. Caseload of the CSH program is distributed amongst three BES. The purpose of the desk manual is to have standards documented for how caseloads are worked similarly. The desk manual will be complete by Fall 2019.

## CSHCN Domain

**Application Year Plan (FFY20):** This section presents the initial strategies for the 2016-2020 MCH priorities related to Children with Special Health Care Needs (CSHCN). All MCH programs (Women and Infant Health, Child Health, Youth and Young Adult Health, and Children’s Special Health (CSH)) support the efforts within this Domain. The specific topic areas addressed in this domain include medical home and transition to adult health care.

Priority	Performance Measure	ESM (if applicable)
<b>Promote Preventive and Quality Care for Children and Adolescents</b>	<b>SPM 7 (formerly NPM 11): Percent of children with and without special health care needs having a medical home (NSCH)</b>	N/A

Due to the changes in the Block Grant guidance and Wyoming MCH’s capacity, National Performance Measure (NPM) 11 was discontinued in FFY19. Limited staff capacity, competing priorities, and the complexity of medical home as a topic led to the decision to discontinue the NPM. However, due to ongoing work, a SPM for medical home was added (now SPM 7).

The MCH Unit will continue to promote preventive and quality care for children and adolescents, including those with special health care needs through the following activities:

- Continue to contract with the Wyoming Parent Partner Program (PPP) to provide peer support to families of CSHCN within a medical home as measured by:
  - # of unique families served through the PPP
- Continue to provide genetic clinics services as measured by:
  - # of clients served
- Evaluate telegenetics services as measured by:
  - Demographics of clients served
  - Client barriers accessing genetic services
  - Acceptability of telegenetic services

Priority	Performance Measure	ESM (if applicable)
<b>Promote Preventive and Quality Care for Children and Adolescents</b>	<b>NPM 12: Percent of adolescents with and without special health care needs who received services necessary to</b>	ESM 12.4 - # of completed parent or youth completed transition readiness assessments submitted by PHN to CSH Program

	<b>make transitions to adult health care (NSCH)</b>	
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In FFY20, the YAYAHP will partner with CSH Program and MCH Epidemiology Program staff to implement the following strategies to address NPM12 within the Promote Preventive and Quality Care for Adolescents priority:

1. PHN will continue to use the Transition Toolkits as part of the new health care transition initiative, which includes a flow chart of how visits should be conducted, assessment forms to include a Plan of Care document, talking points for clients and families, a resource list, and other useful documents as part of PHN CSH (Children's Special Health) annual renewal.
2. The CSH Program will continue to send reminders to enrolled clients to attend their annual well-visit and complete the transition readiness assessment. Work will be measured by ESM 12.4: # of parent or youth completed transition readiness assessments completed by PHN in CSH program. The FAQ document, *The Adolescent and Young Adult Well-Visit: A Guide for Families*, is also included with the appointment letters for clients ages 11-18.
3. CSH staff will collaborate with other MCH staff to develop a tool to assess parent and youth impressions of the health care transition tools provided by the PHN. CSH staff will receive technical assistance, as necessary, from organizations such as *Got Transition* on the applicability of their evidence-based and evidence-informed resources to Wyoming populations and the development of a Transition Policy.
4. The YAYAHP will extend its contract with the University of Michigan to work with up to four more clinics within the state to implement techniques that assess knowledge and readiness of transition and encourage/support the transition process. An evaluation plan will be developed.